

*Banks,*  
*Habersham,*  
*Rabun and*  
*Stephens Counties*  
*Mountain Judicial*  
*Circuit*

**CHILD ABUSE  
PROTOCOL**

December 2025

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*Banks, Habersham, Rabun and Stephens Counties*  
*Mountain Judicial Circuit*  
**CHILD ABUSE PROTOCOL**

**I. Introduction**

This Child Abuse Protocol (CAP) is established for *the Mountain Judicial Circuit*<sup>1</sup> consistent with O.C.G.A. § 19-15-2 for the investigation and prosecution of alleged cases of child abuse.

**WHAT IS THE PURPOSE OF THE CAP?** The purpose of this protocol is to ensure coordination and cooperation between all agencies involved in a child abuse case so as to:

1. Increase the efficiency of all agencies handling such cases;
2. Minimize the stress created for the allegedly abused child by the legal and investigatory process; and
3. Ensure that more effective treatment is provided for the perpetrator, the family, and the child, including counseling.

This protocol outlines in detail the procedures to be used in investigating and prosecuting cases arising from alleged child abuse and the methods to be used in coordinating treatment programs for the perpetrator, the family, and the child.<sup>2</sup> As agencies coordinate and collaborate through a multi-disciplinary approach, communities can identify and implement solutions to issues related to the care and well-being of children.

**TO WHOM DOES THE CAP APPLY?** Children (under the age of 18) who may be victims of child abuse.

**WHO IS BOUND BY THE CAP?** All statutorily mandated committee members and signatories. The protocol is a guideline, not intended to be legal evidence of a standard of care, and compliance or noncompliance therewith is not intended for use in trial or court as relevant evidence. In case of any interpretation or conflict, or for requirements not addressed herein, the law will always take precedence.

**WHAT CAN I EXPECT FROM THE CAP?** The CAP can:

- Reduce trauma to children by improving interagency coordination to reduce the number of times a child has to tell his/her story of abuse.
- Improve the opportunity for children to heal from trauma by encouraging the system to be responsive and accountable.
- Delineate professional roles and responsibilities.
- Establish standards for points of contact, methods of contact, and purposes of contact between these agencies.

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<sup>1</sup> When a judicial circuit is composed of more than one county, the protocol committee shall determine if it shall be established for each county in the judicial circuit or if it will serve all of the counties within the judicial circuit. O.C.G.A. § 19-15-2(b)(3).

<sup>2</sup> O.C.G.A. § 19-15-2(e).

- Identify the steps that must be completed as part of the investigation and prosecution processes, the time frames associated with those steps, and the persons responsible for completion of those steps.
- Strengthen and clarify relationships between child abuse response agencies.
- Inform and educate stakeholders and the community about the response to reports of abuse.
- Ensure that cases are handled in a consistent manner, while recognizing that each individual child and family requires a unique response.
- Provide a concrete and practical plan for addressing special issues that may arise.
- Improve communication, credibility, and accountability of committee members.

**HOW DOES THE CAP DIFFER FROM THE MDT, LIPT, AND CFR?** The CAP is a comprehensive guide to the handling of all child abuse cases, including sexual abuse and sexual exploitation. The Multi-Disciplinary Team (MDT) is one part of the process that should be incorporated into the CAP; this team is focused on reviewing individual cases of sexual abuse and severe physical abuse to collaborate for appropriate intervention and treatment. The Local Interagency Planning Team (LIPT) is another part of the process that should be incorporated into the CAP as it focuses on ensuring appropriate services are in place for children with mental health and behavioral health needs. The local Child Fatality Review (CFR), supported by the statewide Child Fatality Review housed within the Georgia Bureau of Investigation (GBI) is yet another part of the process that may be incorporated into the CAP as it focuses on reviewing cases where a child has died or suffered a near fatality or serious injury; part of CFR's goal is to understand what led to the incident and what prevention efforts are needed moving forward.

In preparing this protocol, we acknowledge that child abuse exists and that the experience of any such abuse has a negative impact on the child, and, ultimately, society. Each of us, as a signatory agency and as an individual, has a responsibility to respond to allegations of child abuse properly. It is necessary for each of us to be aware of our own biases and prejudices so as to reduce the potential for disproportionality<sup>3</sup> throughout the systems in which we operate. Further, we recognize that no one agency or discipline can address any one instance of child abuse alone, given the significant complexities that are involved. Appropriate responses and interventions are multi-faceted and require each participating agency, with its own body of knowledge, procedures, and mandates, to work with each other to ensure an individualized response for each situation. This protocol can be viewed as a strategy for effective intervention as we seek to mobilize our strengths to better serve child victims and their families. It is our collective and unified desire to minimize the trauma to the child and to prevent further abuse.

The following procedures represent a cooperative effort on the part of the protocol committee members in the *Mountain Judicial Circuit* who respond to child abuse. This protocol recognizes that no protocol can purport to offer a comprehensive set of guidelines for the infinite number of circumstances that human service providers face daily. When workers face situations not specifically covered by this Protocol, they are urged to use the protocol in conjunction with agency supervision and their own judgment to provide safety and welfare for the children of the *Mountain Judicial Circuit*. The signatories to this protocol are committed to continuing as an interagency committee as required by law and to periodically review and refine this interagency protocol for responding to child abuse. In so doing, the protocol committee will identify critical issues, needs, and resources required to facilitate and enhance the prevention, investigation, and prosecution of child abuse.

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<sup>3</sup> See <https://www.childwelfare.gov/topics/systemwide/cultural/disproportionality/> for further information on disproportionality in the child welfare system.

## II. The Protocol Committee

The chairperson<sup>4</sup> of the Mountain Judicial Circuit Child Abuse Protocol Committee is Mark Smith<sup>5</sup>. This committee also consists of the following members<sup>6</sup>:

1. Robin Krockum, Sheriff of Habersham County; Rusty Fulbright, Sheriff of Stephens County; Mark Gerrells, Sheriff of Rabun County and Carlton Speed, Sheriff of Banks County, or their designees
2. Cara Galloway, Director of Habersham DFCS; Chris Sprowls, Director of Banks and Stephens DFCS; Tony Galloway, Director of Rabun DFCS, or their designees
3. George Christian, District Attorney for the Mountain Judicial Circuit or his designee.
4. Judge Lori Pearson, Chief Juvenile Court Judge of Banks, Habersham, Rabun and Stephens Counties; Judge Angela Highsmith, Juvenile Court Judge of Banks, Habersham, Rabun and Stephens Counties
5. Tricia Hise, Chief Magistrate Habersham County; Donald Tabor, Chief Magistrate Stephens County; Jamie Blalock, Chief Magistrate Rabun County and Ivan Mote, Chief Magistrate of Banks County
6. Patricia Franklin, Superintendent Habersham County Schools; Dr. Connie Franklin, Superintendent Stephens County Schools; Steven Cole, Superintendent of Rabun County Schools and Dr. Ann Hopkins, Superintendent of Banks County School or their designee
7. Avita Mental Health partners for Banks, Habersham, Rabun and Stephens Counties
8. Jonathan Roberts, Chief of Police Cornelia; Danny Clouatre, Chief of Police Clarkesville; Casey Chastain, Chief of Police Demorest; Jamie Bowden, Chief of Police Mt Airy; Chris Jones, Chief of Police Baldwin; Josh Ivey, Chief of Police Alto; Bruce Carlisle, Chief of Police Toccoa; Andy Strait, Chief of Police Clayton; Jeremy Welch, Chief of Police Mountain City; Kenneth Watts, Chief of Police Dillard; Ron Baumes, Chief of Police Sky Valley; Tonya Elrod, Chief of Police Tallulah Falls; Doug Anderson, Chief of Police Maysville or their designee
9. Jami Bolman RN, Habersham Public Health; Joice Payne RN, Stephens Public Health; Melissa Wenger RN, Rabun Public Health, and Hannah Saylor RN, Banks Public Health or their designee
10. Kasey McEntire, Habersham County Coroner; Kyle Johnson, Stephens County Coroner; Sam Beck, Rabun County Coroner and Bryan Ivey, Banks County Coroner or their designee
11. Mark Smith, Director FAITH's Power House Child Advocacy and Sexual Assault Center provides
12. Caroline Wallis, Executive Director FAITH Inc.
13. Suzanne Dow, Executive Director Circle of Hope
14. Jen Tarowski, Executive Director Bridging Hope
15. Megan Vorees, Turning Points Counseling

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<sup>4</sup> The chairperson is responsible for ensuring that written protocol procedures are followed by all agencies.

<sup>5</sup> O.C.G.A. § 19-15-2(b) requires the chief superior court judge of the circuit in which the county is located to establish the protocol committee and appoint an interim chairperson who presides over the first meeting. The chief superior court judge is also tasked with appointing persons to fill any vacancies on the protocol committee. After the committee is established, the committee members elect a chairperson from the protocol committee's membership.

<sup>6</sup> If any designated agency fails to carry out its duties relating to participation on the protocol committee, the chief superior court judge of the circuit may issue an order requiring the participation of such agency. Failure to comply with such order shall be cause for punishment as for contempt of court. O.C.G.A. § 19-15-2(c)(6). If any member's agency experiences an issue with the operation of the protocol, that member needs to initiate contact with any other agencies involved with the issue and work to resolve the matter. The resolution of the matter should be forwarded as soon as possible to the Chairperson for tracking purposes and inclusion in the next quarterly meeting.

16. *Beth Black, Family Art Therapy*
17. *Michael Johns, The Mustard Seed Counseling*
18. *Linda Johnson, Executive Director, Prevent Child Abuse Habersham, Inc. DBA Family Resource Center of Northeast Georgia*
19. *Ann Pickett, Stephens County State Court Solicitor; Jessica Martin, Habersham County State Solicitor<sup>7</sup>*
20. *Susan Schuenemann, Executive Director, Piedmont Rape Crisis Center*

Consistent with O.C.G.A. § 19-15-2, this committee and the agencies subject to this protocol agree to:

1. Adhere to this protocol;
2. Receive training as necessary and consistent with O.C.G.A. § 19-15-2;
3. Collaborate, coordinate, and cooperate with each other and others<sup>8</sup>;
4. Interact respectfully and non-discriminatorily with each other as well as the children, parents, families, and alleged perpetrators with whom they encounter;
5. Respond to cases of alleged child abuse efficiently;
6. Minimize stress created for the child by the legal and investigatory process by being trauma-informed and operating in a trauma-responsive way<sup>9</sup>;
7. Ensure that effective treatment, including counseling, is provided for the child, the family, and the perpetrator;
8. Facilitate and support agencies, organizations and individuals whose efforts are directed toward abuse prevention;
9. Be familiar with each person's/agency's responsibilities, including their own, as well as other agency's responsibilities. Recognize how any one person's or agency's role affects other agencies and roles;
10. Consistent with confidentiality and privacy laws, share information with each other;
11. Close the committee's meetings to the public and participate in committee meetings<sup>10</sup>;
12. File the protocol with the Office of the Child Advocate and the Georgia Division of Family and Children Services. Meet at least twice annually for the purpose of evaluating the effectiveness of the protocol and modifying and updating the same. File updated protocols with these state agencies by September 1 of each year<sup>11</sup>;
13. Issue an annual report<sup>12</sup> no later than July 1 of each year. Transmit this annual report to the county governing authority, the fall-term grand jury of the judicial circuit, the chief superior

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<sup>7</sup> Committees should consider identifying a prevention advocate who can serve as a liaison with community groups, focus team members on identification of strategies for prevention of child abuse in the community, assist with location of resources for prevention and intervention efforts, and advocate for implementation of identified prevention and intervention efforts. Many of the suggested additional members can help the committee ensure its actions and procedures are culturally relevant and appropriate while also building trust within the community and others on the committee.

<sup>8</sup> In some cases, it will be necessary to work with peers and colleagues from different counties, jurisdictions, and states. These stakeholders should be approached in the same collaborative and cooperative manner.

<sup>9</sup> Each agency subject to this protocol shall ensure that its employees are familiar with adverse childhood experiences (ACEs) and are trained to be trauma responsive. See <https://www.childwelfare.gov/topics/responding/trauma/> for information on trauma-informed practice. It may be helpful to reference this self-assessment guide: [https://www.nctsn.org/sites/default/files/resources/special-resource/trauma\\_informed\\_juvenile\\_court\\_self\\_assessment.pdf](https://www.nctsn.org/sites/default/files/resources/special-resource/trauma_informed_juvenile_court_self_assessment.pdf). When operating in a trauma-responsive manner, it is helpful to ask, "What happened to you?" as opposed to, "What is wrong with you?"

<sup>10</sup> In the event a member of the committee fails to adhere to the protocol or is routinely absent from committee meetings, an appropriate course of action should be pursued which may include: 1. Notification/reminder to the offending person(s) of the requirements and proper procedures; 2. Notification to the offending person's immediate supervisor (continuing up the chain of command as necessary) of the failure to adhere to the protocol; 3. If not remedied, a subpoena may be requested to obtain cooperation; or 4. Revisions to the protocol, if any of its non-legally mandated provisions become outdated or are no longer practical. When determining the appropriate course of action, the committee shall bear in mind that the purpose of the protocol is to foster communication and cooperation amongst involved agencies.

<sup>11</sup> O.C.G.A. § 19-15-2.

<sup>12</sup> A sample annual report can be found in Appendix C.

court judge of the circuit, and the Office of the Child Advocate for the Protection of Children and include the following<sup>13</sup>:

- a. An evaluation of the extent to which investigations of child abuse during the 12 months prior to the report have complied with the protocol;
- b. A recommendation of measures to improve such compliance; and
- c. A description of which measures have been successful in preventing child abuse within the county or circuit. This could include prevention activities such as enhanced primary care; behavioral parent training programs; treatment to lessen harms of abuse exposure; and treatment to prevent problem behavior and later involvement in violence.

### III. **Child Abuse Prevention**<sup>14</sup>

Child abuse is preventable; it is not inevitable. It rests on the principle that all children should have safe, stable, nurturing relationships and environments. Child abuse is not typically caused by a single factor, but rather is influenced by multiple complex factors related to the individual, family, community, and greater society. As such, it requires a public health approach involving the entire community to prevent and treat child abuse. Much progress has been made in understanding how to prevent child abuse and many common informal and everyday actions in addition to formalized evidence-based prevention focused programs all count towards prevention efforts. Fortunately, preventing child abuse can also help prevent other forms of violence and lead to healthier individuals and communities.<sup>15</sup>

Effective prevention involves strategies, programs and connections to resources that support families within their communities. It is enhanced by a multi-disciplinary approach throughout the community that involves coordination, collaboration, and positive working relationships amongst all levels of public and private agencies, individuals, groups, and disciplines involved in prevention and treatment of child abuse. Prevention strategies can be implemented before abuse or trauma occurs or after abuse has occurred to prevent subsequent abuse. Prevention programs may fall under several different categories, including public awareness efforts, parent education and support groups, and community prevention efforts.<sup>16</sup>

The goals of prevention in the CAP include developing and maintaining healthy nurturing communities; identifying the methods that have been implemented to prevent child abuse; tracking statistical information relating to prevention methods and child abuse cases; and utilizing data to determine needed community prevention and treatment services.

Prevention efforts, including primary<sup>17</sup>, secondary<sup>18</sup>, and tertiary<sup>19</sup> efforts, in place in the Mountain Judicial Circuit include:

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<sup>13</sup> O.C.G.A. § 19-15-2.

<sup>14</sup> See Appendix F for prevention-focused protective factors and examples of prevention efforts.

<sup>15</sup> Children who are abused may suffer from the following: immediate physical injuries; emotional and psychological problems; increased risks of injury; sexually transmitted infections; mental health problems; delayed cognitive development; reproductive health problems; and involvement in human trafficking. Research suggests that by stemming the early development of violent behavior, we can also reduce other types of violence to young people, such as youth violence, intimate partner and dating violence, sexual violence, and self-directed violence.

<sup>16</sup> See <https://www.childwelfare.gov/topics/preventing/prevention-programs> to learn more.

<sup>17</sup> Primary prevention activities support the general well-being of families and children and are directed toward the general public with a focus on preventing maltreatment before it occurs.

<sup>18</sup> Secondary prevention supports families and children at higher risk for incidents of child abuse through early detection and intervention.

<sup>19</sup> Tertiary prevention supports families and children after abuse has already occurred by intervening to prevent a recurrence of abuse and alleviating the effects of trauma and preventing additional trauma.

1. Appendix F provides Prevention-Focused Protective Factors and Efforts. These items listed are coupled with local prevention programs including Darkness to Light training or other similar recognized prevention programs, school training and community education events to raise the awareness of child abuse in the Mountain Judicial Circuit<sup>20</sup>

## IV. **Procedures for Investigating and Prosecuting Child Abuse Cases**

### 4.1 Overview of Roles

Each committee member and the agencies/entities each member represents has an important role to fulfill in the investigation and prosecution of child abuse cases:

1. Mandated reporters, including education personnel and medical personnel among others, are primarily responsible for identifying and reporting suspected child abuse.
2. Law enforcement is primarily responsible for investigating a situation to determine whether a crime has been committed; identifying and apprehending the offender(s); and filing appropriate criminal charges.
3. DFCS is primarily responsible for responding to reports of abuse to determine if maltreatment occurred; assessing safety and risk; ensuring the safety of the alleged victim and any other children in the home; and ensuring the family has access to appropriate services.
4. Child advocacy centers (CACs) are primarily responsible for conducting forensic interviews to inform the investigations conducted by law enforcement and DFCS.
5. Medical personnel, mental health organizations and counselors, child advocacy centers, and sexual assault centers provide exams, diagnoses, and treatment.
6. Coroners and medical examiners evaluate and determine a person's manner and cause of death. Their findings may inform the criminal or civil response to cases involving child abuse.
7. Superior Courts maintain jurisdiction for felony criminal matters related to child abuse. State Courts handle misdemeanor trials (domestic violence cases). Magistrate courts are primarily involved in child abuse cases through the issuance of criminal warrants against perpetrators, the holding of probable cause hearings, and setting bond and/or conditions of bail. District attorneys and the Solicitor's office are responsible for prosecuting criminal actions of child abuse.
8. Juvenile Courts maintain jurisdiction for dependency matters<sup>21</sup> related to child abuse.

### 4.2 Communicating with and Interviewing Children

At the time a child makes a disclosure of abuse or an adult otherwise has a suspicion that the child is being or has been abused, the adult should be careful to gather only enough information to determine if a report is necessary.

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<sup>20</sup> See Appendix F for examples of prevention efforts. Refer to Georgia's Child Abuse and Neglect Prevention Plan (CANPP) found here: <http://strengtheningfamiliesga.net/wp-content/uploads/2020/09/A-Vision-for-Child-and-Family-Wellbeing-in-Georgia-the-states-CANPP2020.pdf> for further information on specific prevention efforts that communities may establish. Additional information and resources related to preventing child abuse can be found on Prevent Child Abuse Georgia's website at <https://abuse.publichealth.gsu.edu/>.

<sup>21</sup> Dependency proceedings may be commenced in the county in which a child legally resides; or in the county in which a child is present when the proceeding is commenced if such child is present without his or her parent, guardian, or legal custodian or the acts underlying the dependency allegation are alleged to have occurred in that county. O.C.G.A. § 15-11-125.

Any communication with a child should be respectful, trauma-informed and responsive, developmentally appropriate, and sensitive to that child’s particular needs, culture, and language. When allegations or concerns of abuse exist, the child should be interviewed about these allegations outside of the presence of the parent/caregiver/alleged perpetrator, and only by a trained, appropriate forensic interviewer. Give special consideration to the child’s safety following a disclosure of abuse, especially if the parents/alleged perpetrator have been informed of the interview or disclosure and whether the alleged perpetrator continues to have access to the child.

When conducting joint investigations, responders will work collaboratively to determine who will take the lead role on interviewing the child. Generally, it will be a forensic interviewer through the CAC.<sup>22</sup>

A rapport should be established between the child and the interviewer. Then the interviewer should assess the child’s development and level of understanding in a manner consistent with the Child First protocol or another nationally recognized forensic interview protocol. The interview should be stopped if the child appears to be too distressed or too uncomfortable.

#### 4.2.1 Children with Special Needs

All agencies are required to adhere to federal laws and regulations related to people with disabilities, specifically, Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.<sup>23</sup> Collectively, these laws prohibit public and private entities from discriminating against people<sup>24</sup> with disabilities and ensure equal opportunity to participate in and benefit from a wide range of services and programs. These requirements include accommodations for communication and requirements for accessibility to services, which requires “state and local government programs [to] ensure effective communication with individuals with disabilities by providing appropriate auxiliary devices.” The requirements include “furnish[ing] auxiliary aids when necessary to ensure effective communication, unless undue burden or fundamental alteration would result.” There should also be no discrimination on the basis of a disability by public accommodations.



Everyone that is subject to this protocol agrees to adhere to Title II of the ADA and Section 504 of the Rehabilitation Act throughout the entirety of their involvement with anyone to whom these laws are applicable. Adhering to these laws includes the following:

- Establish rapport and respectful communication with the child. Assume the child is competent unless/until you learn otherwise.
- Determine whether the child has a disability<sup>25</sup>. If so, determine how the child best communicates his or her wants and needs; determine what makes it easiest for the child to understand what others communicate; determine what, if any, accommodations<sup>26</sup> are needed and when they are needed<sup>27</sup>; and provide such accommodations.<sup>28</sup>

<sup>22</sup> See Section 4.6 for further information regarding forensic interviews and evaluations.

<sup>23</sup> Learn more here: <https://www2.ed.gov/about/offices/list/ocr/disabilityoverview.html>. Contact OCA for additional resources or training needed as it relates to the intersection of disability requirements and child welfare requirements.

<sup>24</sup> While the focus of this section is on children, these laws pertain to people of all ages. It may be appropriate to also include procedures relevant to interacting with and providing appropriate accommodations to adults with disabilities within this protocol.

<sup>25</sup> This includes physical disabilities as well as cognitive or developmental delays.

<sup>26</sup> This may include adaptive equipment or adjustments to environments or processes.

<sup>27</sup> For instance, someone may require an accommodation related to an interview but not related to accessing the physical location for the interview.

<sup>28</sup> Determining appropriate accommodations will likely involve asking the person with the disability what specific accommodations that person needs.

- Create a safe and non-judgmental environment.
- Do not ask for a lot of details or rephrase questions as it may cause confusion.
- Do not touch the child as this could cause a fight or flight response in children with certain disabilities.

#### 4.2.2 Interviewing Children at School

- Child abuse-related interviews by DFCS, the district attorney's office, and/or law enforcement may be conducted at the child's school during school hours. In such cases, school staff should assist these agencies by providing a private setting conducive to interviewing children. No school district employee or school-allied volunteer will contact a parent/guardian regarding the interview of their student in child abuse referrals.
- Anyone seeking to conduct an interview with a child at school will endeavor to reduce disruption at the school and for the child.
- When planning to conduct a preliminary or subsequent interview at school, DFCS staff or law enforcement may contact school personnel prior to being on site for the interview.
- Upon arrival to the school, the interviewer should be prepared to sign-in and show proper identification/authorization.
- The school personnel will facilitate arranging the private location and logistics for preliminary or subsequent interviews.
- A child will not be detained beyond normal school hours nor will the child be transported by DFCS without the permission of the parent or legal guardian or an appropriate court authorization. If a child is removed from school by a DFCS caseworker or law enforcement officer, the child's parent or legal guardian will be notified by either DFCS or law enforcement. If the child's parent/legal guardian contacts the school, that person will be referred to DFCS or the appropriate law enforcement agency.
- School personnel will check in with the child following an interview that takes place at the school to determine whether the child would like some time to process the interview or otherwise receive support from a school counselor.
- If the school is part of the ongoing treatment plan for the child, DFCS will keep the school informed about the subsequent findings and plans for the child and family. The goal is to share information and it will be the responsibility of DFCS to attempt to include the school as part of their treatment plan through case documentation.
- If school is not in session or the child is pre-school age, the DFCS and law enforcement representatives will make a decision as how best to interview the child away from the alleged perpetrator.

#### 4.2.3 Interviewing Children on Military Bases

- DFCS will provide notification of the initial report of child abuse to the respective Family Advocacy Program (FAP) and military law enforcement as outlined in O.C.G.A. § 19-7-5.

- When planning to conduct a preliminary or subsequent interview on a military installation, DFCS should contact the FAP or military law enforcement to obtain access to the military installation and/or government housing areas.
- Upon arrival to the military installation, DFCS should be prepared to show proper identification/authorization and sign in.
- The initial investigation of child abuse involving military personnel and their family members may be coordinated with the respective FAP and military law enforcement.
- DFCS will seek assistance from the FAP and military law enforcement in evaluating, assessing and determining an appropriate treatment plan for cases involving child abuse.

### 4.3 Reports of Child Abuse

**WHAT IS CHILD ABUSE?** Child abuse is defined as<sup>29</sup>:

- Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means (provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child).<sup>30</sup>
- Neglect<sup>31</sup> or exploitation of a child by a parent or caretaker thereof.<sup>32</sup>
- Endangering a child,<sup>33</sup> which includes the following acts:
  - Cruelty to children in the third degree.<sup>34</sup> This includes a primary aggressor intentionally causing or permitting a child to be present and seeing or hearing a forcible felony, battery, or family violence battery.
  - Intentionally causing or permitting a child to be present where any person is manufacturing meth or possessing a

#### **Mandated Reporters Include:**

- Physicians, licensed to practice medicine, physician assistants, interns, or residents
- Hospital or medical personnel
- Dentists
- Licensed psychologists & interns
- Podiatrists
- Registered professional nurses or licensed practical nurses
- Licensed professional counselors, social workers, or marriage and family therapists
- School teachers, including daycare providers
- School administrators
- School guidance counselors, visiting teachers, school social workers, or school psychologists
- Child welfare agency personnel
- Child [serving] organization personnel (employees and volunteers)
- Law enforcement personnel
- Reproductive health care facility or pregnancy resource center personnel and volunteers

O.C.G.A. § 19-7-5(c)(1)

<sup>29</sup> This definition is found in O.C.G.A. § 19-7-5 and is relevant to mandated reporting. Similar and additional definitions of child abuse are included in O.C.G.A. § 15-11-2 and are relevant to legal proceedings conducted in juvenile court.

<sup>30</sup> O.C.G.A. § 19-7-5(b)(4)(A).

<sup>31</sup> Depending on the circumstances, truancy may be considered educational neglect and therefore treated as a dependency case or a status offense and therefore treated as a Child in Need of Services (CHINS) case. See O.C.G.A. § 15-11-2(11)(A)(i).

<sup>32</sup> O.C.G.A. § 19-7-5(b)(4)(B). Neglect or exploitation may include “failure to thrive” or Factitious Disorder/Pediatric Condition Falsification/Munchausen Syndrome by Proxy (MSBP) Disorder.

<sup>33</sup> O.C.G.A. § 19-7-5(b)(6.1).

<sup>34</sup> O.C.G.A. §§ 19-7-5(b)(6.1)(A) and 16-5-70.

chemical substance with the intent to manufacture meth.<sup>35</sup>

- Driving under the influence with a child under the age of 17 years in the car.<sup>36</sup>
- Prenatal abuse.<sup>37</sup>
- Sexual abuse of a child.<sup>38</sup>
  - Includes consensual sex acts when the sex acts are between minors if any individual is less than 14 years of age.
  - Does not include consensual sex acts when the sex acts are between a minor and an adult who is not more than four years older than the minor.
  - This provision of the law shall not be deemed or construed to repeal any law concerning the age or capacity to consent.
- Sexual exploitation.<sup>39</sup>
- Emotional abuse.<sup>40</sup>

**REPORTING CHILD ABUSE.** Reports of child abuse may come from mandated reporters<sup>41</sup> or non-mandated reporters. Mandated reporters<sup>42</sup> are required to make a report to DFCS immediately, but in no case later than 24 hours from the time there is reasonable cause to believe that suspected child abuse has occurred. Some mandated reporters may have the requirement to notify a designated person within their agency who will have the responsibility to notify DFCS of the report on that person's behalf. Mandated reporters will not conduct their own detailed interview, but will gather sufficient information to determine if a report is necessary.

**WAYS TO REPORT ABUSE:** Reports of suspected child abuse are made via DFCS's Child Protective Services (CPS) Intake Communication Center (CICC)<sup>43</sup> by phone<sup>44</sup>, email/fax<sup>45</sup>, or an online

## Law allows for oral, written, electronic or facsimile...

\* DFCS Reporting Options allows for all forms of reporting:

\* Call - 1-855-GACHILD/ 1-855-422-4453 (Centralized Intake)

\* Fax - 229-317-9663

\* Email - [cpsintake@dhs.ga.gov](mailto:cpsintake@dhs.ga.gov)

\* OR

\* Web-based reporting \*

\* <http://dfcs.dhs.georgia.gov/child-abuse-neglect>

\* \*Must Complete Mandated Reporter Training to get ID# at:

\* <https://www.gocfrtrainingonline.com>

\* Allows reporters to check on reports made

\* Can you call Local DFCS? YES!



<sup>35</sup> O.C.G.A. §§ 19-7-5(b)(6.1)(B) and 16-5-73.

<sup>36</sup> O.C.G.A. §§ 19-7-5(b)(6.1)(C) and 40-6-391.

<sup>37</sup> O.C.G.A. §§ 19-7-5(b)(6.1)(D) and 15-11-2(56).

<sup>38</sup> O.C.G.A. §§ 19-7-5(b)(10), 19-15-1(3)(C), and 15-11-2(69).

<sup>39</sup> O.C.G.A. §§ 19-7-5(b)(11), 19-15-1(12), and 15-11-2(70).

<sup>40</sup> O.C.G.A. § 15-11-2(30). Although “emotional abuse” is not included in O.C.G.A. 19-7-5 for reporting purposes, it is included in the juvenile code. For reporting purposes, “emotional abuse” may be consistent with “endangering a child” or “neglect”.

<sup>41</sup> Most if not all of the protocol committee members are mandated reporters. Mandated reporters and non-mandated reporters alike should be familiar with potential indicators of different forms of child abuse. A listing of these indicators can be found in Appendix G.

<sup>42</sup> Mandated reporter training is available online or in person through Prevent Child Abuse (PCA) Georgia at <https://abuse.publichealth.gsu.edu/free-online-mandated-reporting/>.

<sup>43</sup> More details can be found here: <https://dfcs.georgia.gov/services/child-abuse-neglect>. A sample mandated reporter form can be found in Appendix H.

<sup>44</sup> The phone number for the CPS Intake Communication Center (CICC) is 1-855-GA-CHILD or 1-855-422-4453.

<sup>45</sup> The email address is [cpsintake@dhs.ga.gov](mailto:cpsintake@dhs.ga.gov). The fax number is 229-317-9663.

web form<sup>46,47</sup> When making a report of suspected child abuse, it is helpful for a reporter to include the following information when known:

- The name(s), address(es) or physical location<sup>48</sup>, and age(s) of the child(ren);
- The name(s) of the child(ren)'s parents or caretakers;
- The nature and extent of the allegations of abuse, including any knowledge or evidence of previous allegations of abuse; and
- Any other information, including photographs<sup>49</sup>, in establishing the cause of the abuse, protective capacities of the parents, and the identity of the alleged maltreater(s) or any other information that the reporter believes will be useful.

Mandated reporters will carefully consider whether it is appropriate to disclose to the parents/guardians or legal custodians of the child that a report is being made to protective services, especially given that the report is being made with the child's safety in consideration. DFCS will adhere to legal requirements by not disclosing from whom DFCS received a report.

Mandated reporters will also maintain a child's right to confidentiality and adhere to privacy laws. Information regarding diagnosis, current condition, and prognosis should be shared only as necessary in response to pertinent questions posed by protective services personnel. No release of information is required to make this report.

Upon receipt of a report of child abuse for which DFCS has reasonable cause to believe such report is true or the report contains any allegation or evidence of child abuse, regardless of the intake disposition, DFCS will notify law enforcement or the district attorney, and will also notify military law enforcement and family advocacy programs, when the parent/guardian of the alleged victim child is on active duty in the U.S. armed forces.<sup>50</sup>

Also upon receipt of an allegation of child abuse, the DFCS CPS Intake Communication Center (CICC) will make a determination whether a report contains allegations of maltreatment and assign a response time based on the indication of a safety threat to the child. This determination may result in acceptance for further assessment and intervention, a screen out with a referral for services, or a screen out. If accepted for further assessment and intervention, DFCS may assign it to the investigative track or for supportive family services.<sup>51</sup>

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<sup>46</sup> To use this option, DFCS requires the reporter to complete the Mandated Reporter Training at [www.prosolutionstraining.com](http://www.prosolutionstraining.com). This training is required one time and then the reporter will receive a code to use when making a web-based report.

<sup>47</sup> Reporters should maintain their own records of reports made to DFCS.

<sup>48</sup> If an address is unknown, it would help DFCS to be provided with any information about how to best get in touch with the child and family.

<sup>49</sup> Photographs of a child's injuries to be used as documentation in support of allegations by hospital employees or volunteers, physicians, law enforcement personnel, school officials, or employees or volunteers of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian. Such photographs shall be made available as soon as possible to the child welfare agency providing protective services, the appropriate police authority, and military law enforcement. O.C.G.A. § 19-7-5(e).

<sup>50</sup> O.C.G.A. § 19-7-5.

<sup>51</sup> Refer to DFCS Policy found at <https://odis.dhs.ga.gov/General> for further information on DFCS's processes for making an intake decision.

Law enforcement<sup>52</sup>, DFCS/the juvenile court<sup>53</sup>, and physicians (in limited circumstances)<sup>54</sup> have the ability/authority to remove a child.<sup>55</sup>

#### 4.4 Multi-Disciplinary Response

A coordinated, multi-disciplinary response is a critical and vital component to the investigation and prosecution of child abuse cases and involves consistent communication; cross-reporting of allegations; joint investigations and collaborative interviewing; and multi-disciplinary case reviews. The goals of a coordinated response are to ensure an appropriate response to concerns of child abuse; minimize the number of interviews a child undergoes; ensure sensitive treatment of the child victim and their family; preserve the integrity of an investigation that may lead to court involvement; enhance the quality of evidence discovered for civil litigation or criminal prosecution while eliminating duplication of efforts; and provide information essential to family treatment agencies. Early cooperation minimizes the likelihood of conflicts among agencies and different philosophies or mandates and encourages consistent reporting practices.

While law enforcement and DFCS shoulder primary initial responsibility for responding to reports of child abuse, and therefore must work closely together, they cannot do their work well without an incredible number of partners. Each report of child abuse brings with it its own set of circumstances and uniqueness. Each entity has a critical role to serve in the child welfare and protection system and necessarily must refer to their own sets of policies and procedures. However, working as a larger team and relying on each other for consultation helps ensure a child receives the most appropriate response possible. As such, law enforcement, DFCS and their partners and participating disciplines should educate each other on their respective roles, abilities, and limitations when responding to child abuse cases such that everyone understands the dynamics of victimization, child development, and the civil and criminal justice process as it relates to children.

#### **CONSISTENT COMMUNICATION.**

- All committee members agree to maintain regular and ongoing contact and communication with each other for any case of child abuse for which they are involved. In doing so, committee members will ensure others involved are aware of the necessary contacts and contact information throughout the life of the case.

**CROSS-REPORTING OF ALLEGATIONS.** Any committee member that becomes aware of an allegation of child abuse will make a report consistent with the law and the preceding procedures. Banks, Habersham, Stephens and Rabun County DFCS and Banks, Habersham, Stephens and Rabun County law enforcement will notify each other when they have received a report containing an allegation of child abuse and have reasonable cause to believe that the allegation is true.<sup>56</sup> Contact may be made with the reporter(s) to gather additional information and obtain any needed clarity.

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<sup>52</sup> Law enforcement may remove a child from his or her home, without the consent of his or her parents, guardian, or legal custodian if a child is in imminent danger of abuse if he or she remains in the home; or a child is a victim of trafficking for labor or sexual servitude under O.C.G.A. § 16-5-46. O.C.G.A. § 15-11-133.

<sup>53</sup> DFCS cannot remove a child without a court order. Local procedure, as outlined in this protocol, will determine the steps DFCS should follow to request a removal order from the juvenile court. The juvenile court will make a determination as to whether a removal is appropriate and either authorize the removal or deny the request.

<sup>54</sup> See O.C.G.A. § 15-11-131.

<sup>55</sup> Any removal requiring transportation of a child under the age of 8 or 4'9" must be done with an approved child safety seat or booster seat. O.C.G.A. § 40-8-76.

<sup>56</sup> This is necessary regardless of whether either agency will be actively involved on an ongoing basis. In some instances, this notification may need to happen immediately, depending on the severity of the circumstances. If the alleged offense occurred outside of the responding officer's jurisdiction, that officer should advise the complainant and assist with filing a report with the appropriate law enforcement agency.

Notifications and cross-reporting of suspected child abuse and related communications will occur in cases including, but not limited to, the following:

- Sexual abuse involving a child
- Sexual exploitation of a child
- Substance use in the home, including by parents or children
- Family violence, intimate partner violence, or domestic violence
- Physical abuse involving a child
- Severe emotional abuse
- Severe neglect involving a child for which DFCS requests assistance
- Refusal by a family to allow a DFCS worker to see the child victim in any abuse investigation or response
- The presence of any serious injury on a child for which the explanation offered is inadequate to explain the injury
- Any referral of abuse indicated by a physician
- Munchausen by proxy/pediatric condition falsification/factitious disorder by proxy<sup>57</sup>
- Any suspicious death of a child
- Cases involving child-on-child abuse



## JOINT INVESTIGATIONS AND COLLABORATIVE INTERVIEWING.

All committee members will:

- Be familiar with this protocol and adhere to it unless law dictates otherwise.
- Evaluate each situation case-by-case.
- Interact respectfully with each other and children, parents, alleged perpetrators, and any other person involved in a child abuse case, including colleagues from other jurisdictions.
- Give immediate consideration to the child’s safety. If out-of-home placement is necessary for the child’s safety, consideration will be given to relatives and fictive kin who may be able and willing to provide appropriate care for the child.<sup>58</sup>
- Document (photos/videos/notes) any potential evidence, such as marks or bruises, as appropriate. Share documented information with other relevant protocol members.

Specifically as it relates to law enforcement and DFCS, *Banks, Habersham, Stephens and Rabun County* law enforcement and *Banks, Habersham, Stephens and Rabun County* DFCS will:

- Initiate investigations in accordance with relevant laws and internal policies. Arrange for medical attention, if necessary. Secure the crime scene, gather evidence, and obtain

<sup>57</sup> This is a complex area. A coordinated plan of action is necessary and may involve the following tasks: review all of the child’s available medical records; obtain verification of as many items as possible (records of drugs purchased, blood levels on child); seek report of child’s condition when parent is absent; if appropriate, video monitoring in hospital with plan in place to intervene if child is found to be in danger from perpetrator’s actions; follow up protection plan by DFCS; law enforcement and legal actions as dictated by evidence.

<sup>58</sup> In many cases, this will require at least a basic assessment by DFCS as to the safety and appropriateness of the out-of-home placement and caregiver(s). In some cases, appropriate placement options may reside out-of-state. Georgia DFCS maintains border agreements with Florida, Alabama, Tennessee, North Carolina, and South Carolina; these border agreements may allow a child to be placed in a home across state lines within a matter of hours. See DFCS Policy 15.8 on <https://odis.dhs.ga.gov/General> for more information.

statements, as appropriate.<sup>59</sup> Law enforcement will receive all physical, biological, drug and gun evidence, including sexual assault kits.

- Law enforcement will accompany DFCS upon a request from DFCS to do so when necessary for securing parental cooperation, access to the child, or protection of the child.
- Conduct an initial screening/review their records and histories [of suspects] whenever possible prior to making a decision on the disposition of a referral and share information about past histories contained in their records with each other.
- Confer with each other and make a preliminary determination as to whether the allegations are founded, and, if so, whether it is appropriate to pursue it as a criminal and/or civil matter.
- Inform one another and any other relevant involved agency of their respective decisions<sup>60</sup> regarding the disposition of any jointly investigated case.
- Notify, consult and communicate with the district attorney regarding prosecution, when appropriate.
- Make any necessary referrals for appropriate services, including those provided through the Victim Assistance Program.
- Have a representative with advanced cross-training as it relates to child abuse investigations, sexual assault, human trafficking, and severe cases. These representatives will operate as liaisons for each agency and serve as a resource for their colleagues, especially for more severe cases of child abuse reported to the agency.
- Ensure that an interview of the victim child and other children in the home is conducted by a trained interviewer, in accordance with this protocol.<sup>61</sup>
- Engage other agencies as necessary.
- Participate in subsequent judicial proceedings, including magistrate court hearings.
- See footnote <sup>62</sup> for procedures related to any additional individual procedures for Banks, Habersham, Stephens or Rabun Counties.

#### Specifically as it relates to first responders:

- All first responders will share any information *learned* from their involvement with law enforcement and DFCS. This includes any conversations<sup>63</sup> had or observations<sup>64</sup> made during their involvement.

#### Specifically as it relates to school personnel:

- Classroom teachers or other school staff who suspect abuse or have abuse disclosed to them should immediately notify the appointed designee of the school as set by school policy.
- Teachers are encouraged to document their suspicion of child abuse in writing as well as confirming with the appointed designee that a report has been made.

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<sup>59</sup> When appropriate, a re-enactment doll may be used to conduct a re-enactment with a suspect and/or witness. GBI's Child Fatality Review Unit offers access to re-enactment dolls free of charge and may be contacted by calling 404-270-8715.

<sup>60</sup> Nothing contained in this protocol shall be construed to require law enforcement and DFCS agree on any particular disposition.

<sup>61</sup> Law enforcement and DFCS should ask only basic, non-detailed questions to allow for a more detailed interview by a trained interviewer through the local Child Advocacy Center.

<sup>62</sup> Such procedures may include, but are not limited to, the following: law enforcement and DFCS will appoint one or more individuals to receive referrals daily from the other agency; law enforcement and DFCS will communicate regularly/daily/weekly to staff referrals; each agency will check their local files and criminal histories whenever possible prior to making a decision on the disposition of a referral and share the results with the other agency; each agency will inform the other agency regarding what action has been taken by that agency; each agency will staff/house personnel within the other agency.

<sup>63</sup> This may include but is not limited to conversations with the alleged child victim, other children present, caregivers on scene or in an ambulance, or other household members, neighbors, bystanders, or witnesses.

<sup>64</sup> This may include but is not limited to appearance/initial response of parents/caregivers on scene and observations around sleep environments even if the reason for involvement is not related to sleep safety.

- The appointed designee should immediately cause a report to be made to DFCS.
- The report to DFCS should contain the names and addresses of the child and the parent/guardian if known, the child's age, the nature and extent of the suspected abuse/neglect and any other information that may be helpful for DFCS to know related to this report.
- School personnel should not attempt to interview the child concerning the suspected abuse.

Specifically as it relates to medical personnel:

- Medical personnel including physicians or hospital emergency rooms should identify and manage acute medical problems, injuries or illnesses.
- If sexual abuse or physical abuse is suspected, medical personnel should notify law enforcement as to the nature of suspicion or the medical conditions that warranted the report.
- For suspected sexual abuse, the child should be referred to the Power House Child Advocacy Center for a SANE to collect evidence via a rape kit that will be released to law enforcement for analysis.
- For suspected physical abuse, the child should also be referred to the Power House Child Advocacy Center for physical evidence, such as bruises or marks on the child to be photographed and documented.
- Medical personnel or a hospital may refer the child to an abuse specialist for a specialized medical evaluation as necessary, such as CHOA, Children's Healthcare of Atlanta.
- Medical personnel or a hospital should make a mental health referral if appropriate.
- For cases of suspected neglect, medical personnel or the medical facility should make a report to DFCS and submit documentation that supports their suspicion.
- In all cases, victims should be medically cleared for release from the medical facility before a child leaves the facility for additional services by other providers or MDT members.

Specifically as it relates to mental health professional:

- If a child discloses sexual abuse or severe physical abuse during psychotherapy or counseling, the mental health provider should not attempt a forensic interview. The provider should not question the child in detail about the alleged abuse, but instead make a referral to DFCS or law enforcement about the disclosure. The mental health provider should reassure the child and prepare them for a possible forensic interview concerning the disclosure.
- This report to DFCS or law enforcement should be made immediately in light of safety concerns for the child.

Specifically as it relates to the local child advocacy center:

- Children who have made a disclosure regarding sexual abuse, physical abuse or have medical evidence of abuse, or who exhibit behaviors suggestive of abuse should be referred to FAITH's Power House Child Advocacy Center. Cases are referred to the Power House by Law Enforcement, DFCS and/or the District Attorney's office.
- For investigations, the Power House will provide: A video and/or audio recorded forensic interview, coordination of the multidisciplinary team involved with the case, medical/SANE exams as needed to obtain or document evidence, advocacy for the family and the victim and referrals for therapy as needed.
- The forensic interviewer will be trained in an approved Nationally recognized forensic interview protocol and the SANE will be certified to collect evidence from a victim.

**MULTI-DISCIPLINARY TEAMS AND CASE REVIEW.** A multi-disciplinary team (MDT) is a group of professionals representing various disciplines, many of whom are parties to this protocol. The MDT works collaboratively to conduct multi-disciplinary case reviews to thoroughly understand case issues; assure the most effective system response possible by sharing information so as to determine applicable resources and/or additional action necessary on cases; enhance communication between team members; and address problems in service delivery. MDT meetings provide agency members with a forum to discuss complex cases with other professionals, and as a result, enhance both the decision-making and intervention processes.

The following relates to the multi-disciplinary team and case review:

- The agencies will assist each other in making the child available for interviewing if necessary to fulfill their duties and will inform each other immediately upon learning of a change of location, address, or phone number of the child.
- Banks, Habersham, Stephens and Rabun MDTs will be scheduled and coordinated by FAITH's Power House. This agency will ensure all MDT members receive the meeting schedules and agenda. MDT members may request to staff any case they believe can benefit from the collaborative input of the team, including but not limited to sexual abuse, severe physical abuse, and unexplained injuries or injuries with inconsistent explanations.
- All MDT members will review their files and come to the MDT meeting prepared to discuss their agency's involvement with the relevant cases.
- Whenever possible, all agencies will cooperate fully in sharing information with each other concerning the abuse allegation, the child, and any other persons involved in the incident in order to fulfill their respective duties.
- The child's best interest<sup>65</sup> will always be the primary consideration in decision-making.
- At the end of each MDT meeting, any participant will have the opportunity to note any concerns regarding non-compliance with the CAP.<sup>66</sup>
- Banks, Habersham, Stephens and Rabun will have individual meetings for each county scheduled on a monthly basis to be held at such time as best for the majority of the participants in the meeting.

#### 4.5 Special Types of Investigations

##### ➤ 4.5.1 Department of Early Care and Learning (DECAL)

The Child Care Services Division of DECAL monitors and licenses child care programs and investigates complaints of child care programs, licensing violations and reports of unlicensed child

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<sup>65</sup> There are many factors that should be taken into account when evaluating a child's best interests. These factors can be found in O.C.G.A. § 15-11-26.

<sup>66</sup> This information may be used to assist with compiling the annual report.

care operations. Two (2) types of licensed child care programs include child care learning centers and family child care learning homes<sup>67</sup>.

In addition to contacting DFCS and law enforcement when a child is harmed in a licensed or unlicensed child care center or family child care learning center, also contact DECAL at 404-657-5562 or 404-656-5957.

DECAL investigations include conducting interviews with adults and children and assessing the history of the center to determine whether there is any immediate danger to the children there. Possible consequences could range from providing technical assistance to emergency closure of the center.

➤ 4.5.2 Residential Facilities including Child Caring Institutions (CCIs), Youth Detention Centers (YDCs) or Regional Youth Detention Centers (RYDCs), and Psychiatric Residential Treatment Facilities (PRTFs):

- When an intake report involves a Child Placing Agency (CPA), Child Caring Institution (CCI), Outdoor Child Caring Program, Children's Transitional Care Center, or Maternity Home, contact the Department of Human Services' Office of Residential Child Care (ORCC) at [RCCREPORTS@dhs.ga.gov](mailto:RCCREPORTS@dhs.ga.gov) or 404-657-9651.
- When an intake report involves a Youth Detention Center (YDC) or Regional Youth Detention Center (RYDC), contact the Department of Juvenile Justice (DJJ) at [djjombudsman@djj.state.ga.us](mailto:djjombudsman@djj.state.ga.us) or (855) 396-2978.
- When an intake report involves a Psychiatric Residential Treatment Facility (PRTF), contact the Healthcare Facility Regulation Division at the Department of Community Health (HFRD/DCH) through the intake fax line at (800) 878-6442 or (404) 657-8935, or by contacting the HFRD/DCH central intake line at 404-232-1717, 404-657-5728, or 404-657-5726, or online at <https://dch.georgia.gov/divisionsoffices/healthcare-facility-regulation/facility-licensure/hfr-file-complaint>.

➤ 4.5.3 Allegations of abuse in a school setting

If abuse is alleged against an employee of the school system, DFCS, law enforcement, and the District Attorney's office will conduct all necessary investigations as to the allegations and any resulting criminal or civil action. The school will consider whether it is appropriate to ensure the employee does not have access to the alleged victim pending the investigation outcome. The District Attorney's office will report its findings to the School Superintendent or Board of Education for the school's use in determining appropriate disciplinary action pertaining to employment and/or licensing.

## 4.6 Forensic Interviews and Evaluations<sup>68</sup>

A forensic interview is a single session, recorded interview designed to elicit a child's unique information when there are concerns of possible abuse or when the child has witnessed violence against another person. An extended forensic interview, sometimes referred to as a forensic evaluation, is a multi-session forensic interview conducted with children who may experience difficulty relaying their information during a single interview session.<sup>69</sup>

Forensic interviews and evaluations are conducted by specially trained individuals<sup>70</sup> and may result in a child providing a statement about events involving abuse. The goal of the forensic interview is to

<sup>67</sup> <http://www.dec.al.ga.gov/CCS/rulesandregulations.aspx>.

<sup>68</sup> <https://www.nationalcac.org/forensic-interview-services/>

<sup>69</sup> See Appendix I for further detailed information about forensic interviews and evaluations.

<sup>70</sup> Forensic interviewers are trained through nationally-recognized trainings which usually consist of an intensive three to five day course in which they learn the necessary skills to conduct an investigative forensic interview of a suspected victim of child abuse. Forensic interviewers must also have a minimum of eight (8) hours of specialized training on an annual basis and meet best practice standards as

allow the child to describe their experience in their own words in a neutral and supportive environment. A benefit of this process is that it minimizes the number of times the child must provide a narrative of the events throughout the investigative process, thereby minimizing additional trauma incurred by the child and increasing the efficiency of coordinated investigative efforts between DFCS and law enforcement.

Forensic interviews and evaluations are conducted at *FAITH's Power House*. The following procedures are related to forensic interviews and evaluations within *The Mountain Judicial Circuit*:

- Referrals for a forensic interview may be made by DFCS or law enforcement.
- Upon receipt of a referral, the CAC will schedule an interview time. DFCS and law enforcement<sup>71</sup> representatives should be present to ensure all relevant information is obtained. If the referring agency is not DFCS or law enforcement, a representative of the referring agency must also attend. If any necessary agency's representative is unable to attend, that agency should obtain all relevant information after the interview. Appropriate jurisdictional law enforcement should be present for all interviews.
- The representatives present during the interview will have access to observe the interview from a separate viewing room. Once recording begins, it should not be discontinued until the interview is complete.
- Law enforcement, DFCS, and prosecutors may receive copies of the recorded forensic interview. Initially, as an interview is completed, a copy of the interview is provided only to law enforcement for their use in investigating a case and to determine if charges are warranted. As cases move through the system copies of the interview may be needed by the DFCS SAAG or the prosecuting attorney in the DA's office for a court case. These are available upon request and do not need a subpoena for their production. In addition, representatives from the DA's office and DFCS are welcome to view the interview as needed at FAITH's Power House.
- The child victim should understand that even though a forensic interview has been conducted, he or she may still be asked to testify in court.
- FAITH's Power House will coordinate a multi-disciplinary team<sup>72</sup> meeting to further discuss the results of the forensic interview and support ongoing collaboration amongst involved agencies.

#### 4.7 Prosecution and Court Processes

The court process can be complex and lengthy. Because of the complexities and overlapping processes, it is imperative that committee members and stakeholders communicate regularly and work collaboratively. This section is designed to help stakeholders understand the roles each person/agency plays in the court process and ensure those involved in court proceedings keep the child's best interest at the forefront.

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set forth by Children's Advocacy Centers of Georgia (CACGA). Forensic interviewers maintain knowledge and skills related to a child's development, memory, and suggestibility; children as witnesses; interviewing techniques; use of anatomical dolls; characteristics of abuse; false allegations; criminal codes; effects of childhood trauma and stress; and recantation.

<sup>71</sup> This may also include FBI or GBI representatives in certain situations.

<sup>72</sup> Refer to Section 4.4 Multi-Disciplinary Response for more information regarding multi-disciplinary team meetings.

Court intervention does not always result in a removal of a child or a conviction of a crime. Removal is one option of several and these decisions should not be made lightly as the removal of a child from his or her parents can create significant and long-lasting negative impacts on a child. When an investigation of child abuse results in pursuing criminal and/or civil proceedings, the joint investigative efforts will be useful since much of what is learned during the investigative phase is relevant and necessary to the prosecution phase.

## Judicial Procedures

### Magistrate, State, and Superior Courts

Magistrate Court	State Court	Superior Court
<ul style="list-style-type: none"> <li>• Issues criminal warrants against perpetrators</li> <li>• Holds probable cause hearings</li> <li>• Sets bond and/or conditions of bail</li> </ul>	<ul style="list-style-type: none"> <li>• Handles misdemeanor trials: Domestic Violence cases</li> </ul>	<ul style="list-style-type: none"> <li>• Handles felony child abuse trials</li> <li>• May issue warrants and set bonds in certain child abuse cases</li> <li>• Sets the trial calendar priority</li> </ul>

The superior court<sup>73</sup>, state court<sup>74</sup>, and magistrate court<sup>75</sup> in *Mountain Judicial Circuit* are responsible for criminal proceedings related to child abuse. Contact information for the superior court is **Superior Court:** Habersham 706-839-0370; Stephens 706-886-3598; Rabun 706-782-3615, Banks 706-677-6240. Contact information for the state court is **State Court:** Habersham 706-778-0800; Stephens 706-886-3598; no State

Court in Banks or Rabun. Contact information for the magistrate court is **Magistrate Court:** Habersham 706-839-0350; Stephens 706-886-6205; Rabun 706-782-2285; Banks 706-677-6270.

- The courts will create a trauma-informed and trauma-responsive environment.
- The courts will adhere to all laws, including those related to child testimony, with a focus on minimizing additional trauma to the child when feasible, such that proceedings are conducted in a manner which is protective of the child and absent of perpetrator intimidation, consistent with the defendant’s constitutional rights. Note that it is unnecessary for a child abuse victim to appear at a magistrate court probable cause hearing as hearsay is allowed at this hearing.
- The courts will give priority to child abuse cases on the trial calendar, and otherwise schedule cases timely and in accordance with the law, minimizing the number of continuances granted and only grant continuances in accordance with the law and for the shortest time possible.
- The courts will consider all circumstances, paying particular attention to the child’s safety when setting bail and bail conditions. The court will consider the potential for further abuse to the child occurring if the accused is released on bond, and the seriousness of the offense in determining the amount of the bond being set. Any conditional bond request should be made by law enforcement at the time the warrant is requested. Restrictive conditions of bond including but not limited to an order to have no contact with the alleged child victim or any other child prior to finalization of the case may be considered. Any and all bond conditions will be communicated to DFCS and the juvenile court.
- The courts will ensure the child and perpetrator receive appropriate treatment in response to abuse.
- Sentencing will reflect the need to protect the victim from the perpetrator.

The district attorney’s office will prosecute criminal cases of child abuse. Contact information for the district attorney is phone number [\(706\) 839-1977](tel:7068391977) and the main office is located at 1387 Washington St, Clarkesville, GA 30523.

<sup>73</sup> Superior Court prosecutes felony offenses and hears child custody cases.

<sup>74</sup> State Court prosecutes misdemeanor offenses.

<sup>75</sup> Magistrate Court issues warrants and handles probable cause and bond hearings.

- The district attorney and staff will coordinate with law enforcement and DFCS during the course of the investigation and preparing a case for criminal prosecution, including offering advice as to the preparation and execution of search warrants, logistics, and substance of suspect and witness interviews. The district attorney will communicate with others to further support and ensure a well-organized investigation.
- The district attorney and staff will be trauma-informed and trauma-responsive.
- The district attorney and staff will ensure the victim is appointed a victim advocate and receives any necessary and appropriate services through the victim advocate program.
- The district attorney advocate will insure the victim is familiar with the Crime Victims' Bill of Rights<sup>76</sup>
- The district attorney and victim advocate will provide or facilitate a courtroom orientation with a child victim prior to that child being called to testify at trial.
- The district attorney and staff will strive to limit the child's court appearances and need to testify; however, it cannot always be prevented. Regardless, the district attorney and staff will keep the child's emotional well-being a high priority issue throughout the entire process. In the event it is necessary for the child to testify at trial, the district attorney will ensure any necessary and appropriate accommodations or arrangements are in place to minimize the potential trauma to the child.
- The district attorney and staff will discuss any plans for disposition, whether by trial or plea negotiations, with the victim's guardian and/or the victim prior to disposition. The input of the victim and/or the victim's guardian will be noted in the file and taken into consideration during the decision-making process.
- The district attorney and staff will notify DFCS and the SAAG of all case dispositions.

The juvenile court in *the Mountain Judicial Circuit* is responsible for civil proceedings related to dependency<sup>77</sup>, delinquency<sup>78</sup>, and Children in Need of Services (CHINS)<sup>79</sup> cases and has the ability to authorize a child's removal from his or her parents. Contact information for the juvenile court is Phone: 706-839-0333 and main office is located at 1387 Washington St, Clarkesville, GA 30523.

- The juvenile court will create a trauma-informed and trauma-responsive environment.
- The juvenile court will consistently consider and evaluate the child's best interest in accordance with O.C.G.A. § 15-11-26<sup>80</sup>.
- The juvenile court will adhere to laws related to child testimony, with a focus on minimizing additional trauma to the child when feasible.
- The juvenile court will schedule cases timely and in accordance with the law, minimizing the number of continuances granted and only grant continuances in accordance with the law<sup>81</sup> and for the shortest time possible. The juvenile court will take into account the child's daily routine and schedule hearings at times that will be as minimally disruptive to the child as possible; this will require consulting with the child and/or child's caregiver to determine what schedule works best for the child.
- The juvenile court will ensure the child is appointed an attorney and guardian ad litem at the earliest possible stage and throughout the duration of the dependency proceedings.

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<sup>76</sup> O.C.G.A. § 17-17-1 et al.

<sup>77</sup> Dependency actions pertain to children who have been alleged to be abused.

<sup>78</sup> Delinquency actions pertain to children who have been alleged of committing a crime.

<sup>79</sup> CHINS actions pertain to children who have been alleged of committing a status offense, such as being unruly, truant, or running away. CHINS cases focus on whether a child is in need of care, guidance, counseling, treatment, rehabilitation or supervision relating to the status offense.

<sup>80</sup> Refer to Appendix B for the best interest factors.

<sup>81</sup> Refer to O.C.G.A. § 15-11-110 for specifics about continuances in dependency proceedings.

- The juvenile court will consider the use of protective orders and temporary alternatives to foster care when appropriate in an effort to minimize trauma to the child.<sup>82</sup>
- The juvenile court will ensure the child and family receive appropriate treatment in response to child abuse.

Banks, Habersham, Stephens and Rabun County DFCS is responsible for responding to and investigating reports of child abuse. Phone contact information is as follows: Banks 706 677 2272; Habersham 706 754 2148; Stephens 706 282 4505 and Rabun 706 782 4283. When DFCS petitions the juvenile court for custody of a child, DFCS, represented by their attorney, referred to as a Special Assistant Attorney General (SAAG), will “prosecute” civil cases of abuse in juvenile court. The SAAG(s) for Habersham and Stephens County is Kerry Bannister Morris and her contact is (706) 219-2239, [kerry@lawofficesofgeorgia.com](mailto:kerry@lawofficesofgeorgia.com) ; the Rabun County SAAG is Richard Highsmith, phone (706) 499-5286, [richardhighsmith@gmail.com](mailto:richardhighsmith@gmail.com) and the Banks County SAAG is Jeffrey K Williams, phone (770) 540-2252, [jeff.williams.attorney@gmail.com](mailto:jeff.williams.attorney@gmail.com).

- DFCS and the SAAG(s) will be trauma-informed and trauma-responsive.
- DFCS and the SAAG(s) will provide advance notice to witnesses who will be asked to testify during dependency proceedings.
- proceedings involving the child victim.
- DFCS and the SAAG(s) will communicate and collaborate with protocol members to connect families to the appropriate agencies to receive services to address their safety, permanency, and well-being needs to ultimately achieve the best outcome for children and families.

Other protocol committee members involved in a case of child abuse will remain willing and available to participate in criminal and/or civil court proceedings as necessary.

## 4.8 Additional Investigation and Prosecution Procedures by Topic

### 4.8.1 Family Violence (FV)<sup>83</sup>

In addition to standard procedures, make every reasonable effort to:

- Determine whether children are or were present at the residence and obtain their name, age, demeanor, relationship to the parties and whether the child(ren) witnessed, heard or were physically harmed during the incident (intentionally or accidentally).
- Ask the parties where the child(ren) is/are and observe/interact with the child(ren).

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<sup>82</sup> This may also include placing a child in the home of an appropriate relative or fictive kin pursuant to an Interstate Compact on the Placement of Children (ICPC) Border Agreement. See DFCS Policy 15.8 on <https://odis.dhs.ga.gov/General> for more information.

<sup>83</sup> Also referred to as Intimate Partner Violence (IPV) or Domestic Violence (DV).

- If the parties will not or are unable to answer as to the child(ren)'s welfare, and the officer has reason to believe a child(ren) is present by evidence of toys, clothes, etc. or other reason, follow law enforcement protocol for further search of the house.
- If the child(ren) are found at the house, determine whether to seek protective custody and if so, contact the DFCS on-call case worker or director and make a report to DFCS' CPS Intake Communication Center (CICC) so that DFCS can conduct a safety assessment.
- Make a referral or give the adult victim information on the nearest domestic violence shelter and otherwise discuss available services for him/her/their and the child(ren) if needed.
- Include the name of the child and date of birth in the incident reports.
- Try to separate children from the situation and where possible, avoid interviewing parties in the presence of the child or subduing or arresting someone in the child's presence.
- Consider a forensic interview of the child.

#### **Tips for talking with children at the scene:**

- Address the child at eye level
- Explain your role in easy to understand terms
- Honor a child's loyalty to an abusive parent
- Do not criticize or demean an abusive parent
- Acknowledge the child's right not to speak
- Communicate your concern about the child's safety
- Don't make promises you can't keep
- Discuss confidentiality and its limits

*Source: Vermont's 2004 Model Protocol as adapted from a handout developed by the Child Witness to Violence Project, Boston Medical Center (as contained in the 2015 Bryan/McIntosh County Protocol)*

#### 4.8.2 Physical Abuse<sup>84</sup>

In addition to standard procedures, the following is relevant when physical abuse is present:

- Obtain medical treatment when needed.
- If medical treatment has previously been sought, obtain medical records and communicate with the medical provider(s).
- If there is a concern that a child's injuries may have been sustained through non-accidental means, consult a medical provider who specializes in child abuse to obtain an expert medical opinion.<sup>85</sup>
- If a medical provider suspects the child's injuries are consistent with non-accidental trauma, ensure you understand and document their concerns and obtain medical explanations to clarify whether any alternative explanations as to how the child's injuries were sustained are consistent or inconsistent with the medical provider's examination of the child.
- The SANE at FAITH's Power House can assist in documenting visible injuries from physical abuse.

#### 4.8.3 Sexual Abuse<sup>86</sup>

Children who may be victims of sexual abuse need to be assessed for their safety, taking into account the physical and/or psychological indications that may exist.<sup>87</sup> Instances of sexual interaction between children should be reported to determine whether sexual abuse existed as part of the interaction and to determine whether either child has otherwise been a victim of sexual abuse to provide appropriate intervention.

<sup>84</sup> O.C.G.A. §§ 19-7-5(b)(4)(A) and 15-11-2(2)(A).

<sup>85</sup> Children's Healthcare of Atlanta (CHOA) is available for such consultation; contact CHOA at 404-785-7778 for additional information.

<sup>86</sup> O.C.G.A. §§ 19-15-1(3)(C) and 15-11-2(69).

<sup>87</sup> A victim-centered approach should be utilized during this process wherein the child has a say in whether or not they have an exam.

- Law enforcement and DFCS will notify each other as soon as they are made aware of a potential victim of sexual abuse. If there is any suspicion that a child who has been sexually abused is also a victim of human trafficking, make a referral to CJCC<sup>88</sup> for further assessment and also see the next section related to sexual exploitation.
- Law enforcement will properly gather evidence from various sources in the course of its investigation.
- Medical and forensic exams should be offered in most cases of sexual abuse, regardless of the length of time that may have elapsed between the most-recently reported sexual contact and the examination. Clinical providers will contact Children’s Healthcare of Atlanta (CHOA) <sup>89</sup> at 404-785-7778 if a consultation is needed.
- Forensic medical examinations (FMEs) and sexual assault examinations can help to: 1) screen for injuries and medical conditions and initiate medical treatment; and 2) answer questions and reassure victims and parents about the child’s physical well-being; and 3) identify medical evidence to prosecute the offender(s).
  - Forensic medical examinations<sup>90</sup> and sexual assault exams will be conducted using a trauma-informed, culturally sensitive, rights-based approach by<sup>91</sup> the sexual assault nurse examiner (SANE) located at FAITH’s Power House.
  - Payment for these exams is available and supported through the Georgia Criminal Justice Coordinating Council (CJCC); victims should not be asked for payment.
  - Victim advocacy services<sup>92</sup> during the exam process will be offered by the sexual assault victims advocate located at FAITH’s Power House.
  - The evidence collection kit will be sent to the GBI Crime Lab by *investigating officer from the county or city law enforcement who has jurisdiction of the case.*<sup>93</sup>
  - A debrief with the doctor, nurse, or SANE who conducted the exam is an integral part of the investigation.

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<sup>88</sup> Referrals for victims of human trafficking can be made via phone at 1-866-END-HTGA (842-4842), [www.endhtga.org](http://www.endhtga.org)

<sup>89</sup> CHOA’s Stephanie V. Blank Center for Safe and Healthy Children offers multiple ways for community providers and partners to receive assistance with medical exams for suspected victims of abuse. The DFCS medical network allows for providers to receive second opinions from CHOA medical providers; contact CHOA at 404-785-7429 for additional information. There are monthly ECHO sessions where community providers present cases and there is a didactic lecture on relevant topics; contact CHOA at 404-785-6804 for additional information. CHOA also offers trainings; contact CHOA at 404-785-5004 or [cpctraining@choa.org](mailto:cpctraining@choa.org) for additional information.

<sup>90</sup> These may be conducted through the local Child Advocacy Center (CAC) or Sexual Assault Center (SAC) that has a Sexual Assault Nurse Examiner (SANE) and a Sexual Assault Victim Advocate (SAVA). Some CACs also have an on-site medical examination room. Children’s Healthcare of Atlanta (CHOA) conducts these exams. Hospital emergency rooms are able to conduct medical evaluations for the health of the child. Some hospitals may have a pediatric SANE who can conduct the sexual assault examination. If the child is taken to the Receiving Hope Center (RHC), this exam may be conducted there.

<sup>91</sup> While the physician, nurse practitioner, or physician assistant providing care for the child can conduct the medical evaluation, it is preferable for the forensic evaluation to be performed by a provider with expertise in child maltreatment. Experts include child abuse physicians, or other physicians, nurse practitioners or physician assistants with specialized training and experience in child abuse, Sexual Assault Nurse Examiners (SANEs), Sexual Assault Forensic Examiner (SAFEs), or Sexual Assault Medical Forensic Examiners (SAMFEs). SANEs receive specialized training in conducting exams with adults, adolescents and/or pediatrics. SANEs should have physician oversight as they cannot render a diagnosis. Medical professionals are encouraged to seek help from experts when possible by referring the patient for specialized care, by requesting phone consultation, and/or by obtaining a second opinion review of exam photos. A second opinion is especially critical if an inexperienced provider reports positive findings upon exam. For names of local experts, providers should contact the nearest CAC, SAC, CHOA (404-785-3833) or CACGA (770-319-6888).

<sup>92</sup> The National Protocol for Sexual Assault Medical Forensic Examinations – Pediatric recommends the provision of timely access to victim advocacy services during the exam process. Victim advocates typically function to aid victims and their families in getting help to cope with the impact of sexual abuse in their lives and to promote healing. Advocates also encourage coordination and collaboration among responders so that interventions are child-focused and trauma-informed.

<sup>93</sup> Victims of sexual assault may come to a hospital located outside of their county or state of residence or outside of the jurisdiction where the assault took place. The law enforcement agency in the jurisdiction where the assault occurred is the law enforcement agency charged with investigating the assault and facilitating transfer of the evidence collected from the hospital to the appropriate forensic lab in the jurisdiction where the assault took place.

#### 4.8.4 Sexual Exploitation<sup>94</sup>

Children who may be victims of sexual exploitation or human trafficking need to be assessed for their safety, taking into account the physical and/or psychological indications that may exist. In addition to standard procedures and the procedures related to sexual abuse, the following also apply in situations of sexual exploitation or human trafficking:

- All protocol members should familiarize themselves with the following:
  - Indicators/risk factors of sexual exploitation<sup>95</sup>
  - Georgia’s Human Trafficking Notice<sup>96</sup>
  - Georgia’s Human Trafficking Service Delivery Plan
  - Georgia’s Human Trafficking Service Delivery Protocol
  - DFCS policies related to commercial sexual exploitation of children (CSEC) and trafficking, as well as DFCS’ Human Trafficking Case Management Statewide Protocol
  - DJJ policies related to commercial sexual exploitation referrals<sup>97</sup>
  - Contact information to refer suspected victims of human trafficking<sup>98</sup>
  - GBI’s HEAT unit
  - The Human Trafficking Unit within the Georgia Attorney General’s office
- Law enforcement and DFCS will notify each other as soon as they are made aware of a potential victim of sexual exploitation or trafficking. Notification should also be provided to GBI’s Child Exploitation and Computer Crimes Unit.<sup>99</sup>
- In coordination with state partners, CJCC facilitated the creation of a statewide human trafficking hotline to serve as a one-stop shop to answer questions and offer assistance related to trafficking. This hotline is a vital resource that provides information to law enforcement when there is suspicion of sexual and/or labor exploitation of minors or adults, as well as connects individuals to services and resources throughout the state. Trained law enforcement agents, advocates, and first responders are available 24/7 to answer calls. The hotline is also available in Spanish<sup>100</sup>. The CSEC Response Team will conduct a comprehensive assessment to include, but will not be limited to: a forensic

**If known, the following information will be helpful to provide to CACGA as part of the human trafficking referral:**

- Youth information, including whether the youth is pregnant, parenting, or has a disability
- Family/household information
- Medical history
- Mental health, juvenile justice, or child welfare involvement
- Legal custodian(s) of youth and their information
- Reason for the referral along with any known prior history of exploitation, running away, homelessness, substance use, sexual abuse, or gang involvement
- Assessment scheduling preferences
- Whether a CANS assessment has previously been completed
- Copies of screening tools previously used or any other supporting documents
- Consent form and release of information

<sup>94</sup> O.C.G.A. §§ 19-15-1(12) and 15-11-2(70).

<sup>95</sup> See Appendix G.

<sup>96</sup> This is required by O.C.G.A. § 16-5-47. The notice is available through GBI; see <https://gbi.georgia.gov/human-trafficking-notice>. Protocol committees should ensure this notice is in the required places throughout the county/circuit.

<sup>97</sup> <https://djj.georgia.gov/commercial-sexual-exploitation-children>.

<sup>98</sup> Referrals for victims of human trafficking can be made via phone at 1-866-END-HTGA (842-4842), [www.endhtga.org](http://www.endhtga.org)

<sup>99</sup> During regular business work days, this notice should be provided to the unit’s agent on call via 404-270-8870. On nights, weekends, and holidays, this notice should be provided to the unit’s agent on call by calling the GBI communications center at 404-244-2600 or 1-800-282-8746. For further information: <https://investigative-gbi.georgia.gov/investigative-offices-and-services/specialized-units/child-exploitation-and-computer-crimes-unit>.

<sup>100</sup> Referrals for victims of human trafficking can be made via phone at 1-866-END-HTGA (842-4842), HIPAA-compliant web form at <https://www.cacga.org/referral-form/> or email at [referrals@cacga.org](mailto:referrals@cacga.org).

interview<sup>101</sup>, and a bio-psycho-social evaluation.<sup>102</sup> Confirmation status will be provided and when appropriate, recommendations will be made to refer a child for additional evaluations and services<sup>103</sup>.

- A request by law enforcement for DFCS or others not to make contact with the child’s parents for the safety of the child should be respected. Revealing confidential law enforcement investigatory information to potential suspects could easily place that child that has been recovered or other children that have yet to be recovered in danger. The Juvenile Court should be fully advised of this request when applying for a Shelter Care Order.
- Law enforcement will properly gather evidence<sup>104</sup> from various sources in the course of its investigation.<sup>105</sup>
- The statewide CSEC multi-disciplinary team, led by Children’s Healthcare of Atlanta (CHOA) and Criminal Justice Coordinating Council, will be available to provide assistance as needed.
- A forensic interview will be conducted consistent with the procedures previously outlined in the “Forensic Interview” section. The process for forensic interviews for children who have been sexually exploited may differ slightly from traditional forensic interviews. Effective information gathering requires that service providers and interviewers work to empower the child and help him or her understand their victimization. Trust should be established over time, and the formal forensic interview needs to occur after this trust has been established.
- If it is necessary for DFCS to seek custody of a child who has been sexually exploited or is otherwise a victim of human trafficking<sup>106</sup>, DFCS will adhere to internal policies and procedures related to such victims, including ensuring a current photo of the child is on file, and also refer such victim to CACGA for assessment and further response/treatment if such a referral has not already been made.<sup>107</sup>
- Even if a child is not in DFCS custody, a child may be referred to the CSEC Response Team and Receiving Hope Center for further assessment and short-term placement.<sup>108</sup>

#### 4.8.5 Substance Use

**Prenatal substance use.** The state<sup>109</sup> is required to develop a Plan of Safe Care (POSC) for families with infants identified as being affected by substance use, or withdrawal symptoms resulting from

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<sup>101</sup> If a child is denying victimization, and/or is not cooperative, it may be better to delay the forensic interview until some trust has been established with the child.

<sup>102</sup> The assessment may also include a medical evaluation or mental health assessment.

<sup>103</sup> Therapy is an integral part of treatment for many children who have been sexually exploited. Therapists must be knowledgeable about trauma and skilled in the delivery of trauma-focused treatment in addition to being well-informed about sexual exploitation.

<sup>104</sup> Evidence may include, but is not limited to, the following: electronic devices, numbers, and records; online ads, screenshots of applicable internet sites, usernames and passwords for accounts, or other electronic activity; photographs of victim and scene where victim was located; photographs of victim’s tattoos and what they mean to victim; relevant security video; hotel workers’ statements and hotel records, if applicable; ‘exploitation clothing’ worn by the victim; anything bought for the victim by the accused person; sheets, blankets, and condoms; fake or stolen IDs along with statements from ID victims; and anything that can corroborate the victim’s statement, potentially including a receipt, journal, diary, calendar, or agenda.

<sup>105</sup> It may be necessary to put a cell phone in airplane mode or in a faraday bag to prevent the cell phone from being remotely wiped. It may also be necessary for law enforcement to submit a preservation letter to social media sites.

<sup>106</sup> Traffickers fit the definitions of a “caregiver” or “person responsible for the care of a child” found in O.C.G.A. § 15-11-2.

<sup>107</sup> DFCS’ State Office Care Coordination Treatment Unit (CCTU), formerly known as the Placement Resources Operations (PRO) Unit may serve as a support for county DFCS offices to assist with finding an appropriate placement for a child in DFCS custody.

<sup>108</sup> Referrals to the Receiving Hope Center (RHC) may be coordinated through CACGA or directly to RHC via email at [RHCrefferrals@wellspringliving.org](mailto:RHCrefferrals@wellspringliving.org) or phone at 470-467-3669.

<sup>109</sup> This is a federal requirement through the Child Abuse Prevention and Treatment Act (CAPTA) for the state as a whole and is not necessarily a requirement for DFCS specifically. However, DFCS maintains policies related to plans of safe care (see DFCS Policy 19.27 available through <https://odis.dhs.ga.gov/General>) and is typically well-situated to coordinate and partner with other agencies to develop, implement, and monitor this plan. Even when DFCS is not involved, this Plan of Safe Care is still required and this protocol should include procedures for determining which agency will maintain responsibility for monitoring the Plan of Safe Care. (Responsibility may change from family to family and be assigned as the need arises during a Plan of Safe Care meeting.)

prenatal drug exposure or a Fetal Alcohol Spectrum Disorder (FASD). A POSC can be implemented with or without DFCS involvement at the outset or on an ongoing basis. The Plan of Safe Care is a process that involves multi-agency partnership with families to develop a written plan that ensures the safety and well-being of infants following release from the care of healthcare providers and addresses the health and substance use treatment needs of the infant and parent/caregiver and the needs of the other family members affected by the substance use. The Plan of Safe Care will be monitored to ensure referrals are made and appropriate services are delivered to the affected infant, family, or caregiver.<sup>110</sup>

When encountering prenatal substance use and developing a Plan of Safe Care, the following information contributes to a comprehensive plan and should be shared amongst all those responding to and intervening in such situations:

- Current medical condition of the infant and mother;
- Written detail regarding substance(s) used (includes prescribed or non-prescribed substances);
- Level of substance in the mother and/or child's system and whether the mother was receiving medication-assisted treatment (MAT) for a substance use disorder;
- Impact of the substance on the infant, including descriptions of withdrawal symptoms;
- Anticipated date of discharge; and
- Necessary medical follow-up that will be required for the care of the infant (e.g. heart or apnea monitors).

When allegations of prenatal abuse<sup>111</sup> exist, DFCS will need to interview the parent and observe the infant; determine the level of extended family support which might reduce risk to the child; assess the mother's acceptance and responsibility for the situation and her willingness to accept treatment for substance use related problems; refer the mother, child, and family to appropriate prevention or intervention providers; and seek court intervention when necessary.

**Postnatal substance use.** A parent's substance use on its own does not constitute child abuse; there must be a correlation between the parent's substance use and its interference with the parent's ability to appropriately care for the child(ren). To this end, evidence of substance use and the impact on the child(ren) will be necessary for related court proceedings. In the event that court intervention is sought, stakeholders should consider whether it is appropriate for the parent to participate in family dependency treatment court.<sup>112</sup>

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<sup>110</sup> When customizing this protocol, ensure that procedures for determining which agency will take responsibility for monitoring the POSC are included.

<sup>111</sup> Prenatal substance use may constitute "prenatal abuse" as defined in O.C.G.A. § 15-11-2(56): "exposure to chronic or severe use of alcohol or the unlawful use of any controlled substance...which results in: (A) Symptoms of withdrawal in a newborn or the presence of a controlled substance or a metabolite thereof in a newborn's body, blood, urine, or meconium that is not the result of medical treatment; or (B) Medically diagnosed and harmful effects in a newborn's physical appearance or functioning."

<sup>112</sup> Family dependency treatment court is a type of accountability court that has realized significant success in helping parents with substance use concerns and should be considered a viable option when the jurisdiction has such an accountability court in existence. If your jurisdiction does not have such an accountability court in existence, consider establishing one. Learn more here:

<https://caci.georgia.gov/>.

#### 4.8.6 Mental Health<sup>113</sup>

Mental health needs may be applicable to children or adults. Children should not enter foster care solely to receive mental health or behavioral health services. Instead, protocol committee members will work together, and in conjunction with the local interagency planning team (LIPT) as necessary, to support access to appropriate services and resources in an effort to maintain a child in his or her home when it is otherwise safe to do so. In addition to standard procedures, the following also apply when mental health concerns are present:

- Mental health needs of a child or an adult may constitute a disability under Title II of the ADA and Section 504 of the Rehabilitation Act of 1973. Ensure all responses are consistent with these laws.<sup>114</sup>
- Contact the Georgia Crisis and Access Line (GCAL) when necessary. For immediate access to routine or crisis services, call 1-800-715-4225.<sup>115</sup>
- Ensure all protocol committee agencies are educated about suicide prevention. Suicide prevention, intervention and aftercare education, information, resources, and PSAs are available through Georgia’s Department of Behavioral Health and Developmental Disabilities (DBHDD)<sup>116</sup>, the Georgia Suicide Prevention Action Network (SPAN-GA)<sup>117</sup>, and the Georgia Bureau of Investigation’s Child Fatality Review.<sup>118</sup>
- Suicide and Crisis Line: text or call 988; [988lifeline.org](https://988lifeline.org)

The infographic is divided into two sections. The top section, titled 'What to do when children shows signs that they may be considering suicide:', lists several key actions: remain calm, ask the youth directly, focus on their wellbeing, listen, reassure them, do not judge, provide constant supervision, and remove means for self-harm. It also includes a 'Get help:' section with advice for peers, parents, and school staff. The bottom section, titled 'Recommendations for Schools', lists: always notify parents, provide supportive mental health services, promote a positive school climate, establish protocols for helping students at risk, and provide educator trainings.

Source: Georgia Action Plan for Child Injury Prevention (2015) found here: <https://gbi.georgia.gov/document/publication/georgia-action-plan-child-injury-preventionpdf/download>

#### 4.8.7 Child Death, Near Fatalities, and Serious Injuries

When a child dies, suffers a near fatality, or serious injury, the following needs to occur:

- All first responders will gather information that may be pertinent to the incident. This information will be provided to law enforcement and DFCS to inform the investigation and further response to these incidents. Appropriate information includes, but is not limited to: the circumstances surrounding the incident; the protective capacity of the caregiver; the condition of the caregiver at the time of the incident; possible contributing factors to the incident, such as substance use, smoking, and/or medical history of the child; and the sleep environment of the child if the incident was sleep-related.

<sup>113</sup> All protocol committee members should consider becoming trained in Youth Mental Health First Aid to learn how to help a child who is experiencing a mental health or addiction challenge or is in crisis. Learn more here: <https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>.

<sup>114</sup> Refer to Section 4.2.1 “Children with Special Needs” for further information.

<sup>115</sup> GCAL is available 24 hours a day, 7 days a week and 365 days a year to help you or someone you care for in a crisis. GCAL professionals will: provide telephonic crisis intervention services; dispatch mobile crisis teams; assist individuals in finding an open crisis or detox bed across the state; link individuals with urgent appointment services; and help you access a local state funded provider for non-emergencies.

<sup>116</sup> <https://dbhdd.georgia.gov/bh-prevention/suicide-prevention>

<sup>117</sup> <https://www.span-ga.org/>

<sup>118</sup> <https://gbi.georgia.gov/CFR>

- Notification to other protocol members as appropriate to further coordinate investigation efforts, i.e. to DECAL if the child's death, near fatality, or serious injury occurred in a child care program.
- Engagement with relevant collaterals to obtain or verify information as appropriate.
- A re-enactment of the incident, using a re-enactment doll with the suspect and/or witness(es). Any re-enactment should be video recorded, if possible.
- Coordination with the Coroner or Medical Examiner's Office to arrange an autopsy of the child, when warranted. All pertinent information needs to be shared with the Coroner or Medical Examiner's Office. Law enforcement should attend the autopsy and obtain photographs from the autopsy.
- Law enforcement needs to obtain crime lab reports (e.g., autopsy, toxicology, blood alcohol, etc.) and share this information as appropriate.
- All agencies should complete any relevant forms related to internal or external procedures related to child death, near fatalities, and serious injuries.
- The incident will be reviewed as part of the local Child Fatality Review<sup>119</sup>.
- This protocol committee will work with the *Banks, Habersham, Rabun and Stephens* Child Fatality Review to identify trends and implement prevention efforts<sup>120</sup>.

## V. Methods to be used in coordinating treatment programs<sup>121</sup> for the child, the family, and the perpetrator

The goal of treatment is to facilitate healing. Therapy<sup>122</sup> can help children (and parents):

- Learn about trauma and child sexual abuse as well as healthy sexuality
- Develop effective coping and body safety skills
- Overcome problematic thoughts, feelings, and behaviors
- Therapeutically process traumatic memories

Providing therapeutic interventions for children who have been abused requires: 1) an understanding of normal child development and the processes of abnormal development or psychopathology as well as an ability to assess the severity and types of behavioral, emotional, developmental, and psychological problems that children who have been abused may present; 2) familiarity with the major issues common to children who have been abused; and 3) the skills necessary to manage these types of cases. Providing treatment to children who have been abused is a significant undertaking requiring clinical training and education.

The primary involved agency will coordinate referrals for evaluation, assessment, treatment and counseling.<sup>123</sup> If appropriate, the referring agency will complete demographic information and release of information forms needed by the provider. The Multi-Disciplinary Team (MDT) may assist in

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<sup>119</sup> Katie Patterson, 706-839-0370, in the District Attorney's Office is the contact person to review a case as part of the local Child Fatality Review (CFR).

<sup>120</sup> Statewide, sleep-related deaths and suicides continue to be a leading cause of death for children in Georgia. There are statewide initiatives underway to provide awareness and prevention. Additional local efforts may also be included here.

<sup>121</sup> The Child Welfare Information Gateway provides a very comprehensive free manual which provides an overview of the treatment of sexually abused, physically abused, and neglected children. The manual may be found at <https://www.childwelfare.gov/pubs/usermanuals/treatment/>.

<sup>122</sup> Therapy should be trauma-focused. Many providers utilize trauma-focused cognitive behavioral therapy (TF-CBT), which is widely regarded as the most effective treatment for sexually abused and traumatized children. Other treatment modalities that are trauma-focused may include, but are not limited to, talk therapy, play therapy, and animal assisted therapy.

<sup>123</sup> The primary involved agency will provide additional assistance in selecting a provider based on the needs of the child, the financial resources of the family, and the availability of the provider. The provider selected should be a licensed clinician trained and experienced in the treatment of child abuse and trauma.

determining if there is a need of referral for treatment and treatment providers may participate in the MDT and/or the Local Interagency Planning Team (LIPT) to discuss findings and recommendations.

For physical abuse, sexual abuse, and neglect cases, the following are resources in *The Mountain Judicial Circuit* that may provide treatment:

- FAITH's Power House Child Advocacy and Sexual Assault Center<sup>124</sup>
- Turning Points Counseling: 706 244 5159
- Family Art Therapy: 706 782 0717
- Prevent Child Abuse Habersham, Inc. DBA Family Resource Center of Northeast Georgia: 706 778 3100
- Avita Mental Health Services: Banks 706 894 3700; Habersham 706 894 3700; Stephens 706 282 4542; Rabun 706 894 3700
- The Mustard Seed Counseling: 706 894 1371
- Georgia Mountain Psychological Associates: 706-782-1237
- Bridging Hope: 770-503-7273

For sexual exploitation and human trafficking cases, contact 1-866-END-HTGA (1-866-363-4842) to assist in the assessment and identification of appropriate services and resources.

For Superior Court cases, Adult Probation and Parole will coordinate referrals for perpetrator treatment<sup>125</sup> by state licensed clinicians. For Juvenile Court cases, DJJ will do the same.

## VI. Additional Considerations

**Secondary traumatic stress, vicarious trauma, compassion fatigue, and burnout.**<sup>126</sup> It is important to recognize that professionals encountering child abuse as a nature of their work frequently experience emotional stress including Secondary Traumatic Stress (STS), vicarious trauma, compassion fatigue, or burnout. STS cannot be prevented since it is a normal human and universal response to helping victims of abnormal events such as violence and/or disasters, but negative STS effects can be prevented from developing into a more serious condition. Management of STS and similar emotional stresses is essential to mitigating its negative impact and individual coping skills can be developed that can assist in the management of these stressors and symptoms. Increasing awareness of STS as a normal part of child protection and welfare work, STS symptoms and risk factors, and protective factors and self-care strategies can help to mitigate the effects of STS. This awareness may serve to improve the work performance and retention of such professionals and reduce the stress-induced physical and mental health problems that may result from STS. All committee members should be educated about STS and similar stresses, recognizing that we each have our own adverse childhood experiences (ACEs) that may exacerbate some of the STS encountered. All committee members should also show each other and themselves compassion, understanding, and support to mitigate the effects of these stresses and build worker resiliency.<sup>127</sup>

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<sup>124</sup> The CAC provides the following services: *forensic interviews; SANE exams; individual and family advocacy and support; coordination of MDT meetings; court testimony; court preparation; individual therapy; group therapy; assessment and referrals; 24/7 crisis line; resource library materials; parent education/support groups; sexual abuse prevention education and training; lectures, workshops, and other educational presentations.* These services are offered in English by the CAC and are free of charge. *For children 13+ Bridging Hope can offer SA victims bilingual assistance.*

<sup>125</sup> Treatment for perpetrators may involve an evaluation of the perpetrator's mental status and social and psychiatric history, and will include recommendations, which may involve counseling or other treatment.

<sup>126</sup> While these terms are technically slightly different in definition, each of them have similar effects on child welfare professionals and the prevention and intervention opportunities are largely similar.

<sup>127</sup> Resources include: <https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>; <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress>; <https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma>; <https://www.compassionfatigue.org/>; <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>; <https://www.ncbi.nlm.nih.gov/books/NBK279286/>; <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642>

## VII. Resources

Local, state, and national resources useful to the goals of this protocol are listed in Appendix D.

## VIII. Understanding and Agreement

The foregoing document reflects a cooperative effort on the part of Banks, Habersham, Rabun and Stephens County social services, mental health, education, and criminal justice organizations to continue to improve and refine their response to cases of child abuse in Mountain Judicial Circuit.

The undersigned agency, department and judicial representatives commit themselves and their organizations to the implementation of the procedures as outlined in this protocol. It is understood that the adoption of this protocol is an ongoing process of cooperation and coordination to facilitate the effective handling of child abuse cases in the Mountain Judicial Circuit in such a way as to minimize trauma to the child and obtain effective remedies to prevent further abuse.

The protocol is not intended to, does not, and may not be relied upon to create any rights, substantive or procedural, enforceable at law by any party in any matter civil or criminal. The protocol shall not limit or otherwise restrict a prosecuting attorney in the exercise of his or her discretion nor in the exercise of any otherwise lawful litigative prerogatives. The law controls the provisions of the Protocol.

The signatories to this protocol are committed to continuing as an interagency committee as required by law and to periodically review and refine this interagency protocol for effectively preventing and responding to child abuse in the Mountain Judicial Circuit. In so doing, the protocol committee will identify critical issues, needs and resources required to facilitate and enhance the prevention, investigation, prosecution, and treatment of child abuse in Banks, Habersham, Rabun and Stephens Counties.

The protocol committee will meet annually for the purpose of evaluating the effectiveness of the protocol and appropriately modifying and updating the same and for the purpose of preparing and issuing its annual report required by law.

## IX. Signatures

Signatures are attached to the document.

## X. Appendices

- A. O.C.G.A. § 19-15-2 (Child Abuse Protocol Governing Legislation)
- B. O.C.G.A. § 15-11-26 (Best Interest of the Child Factors)
- C. Sample Annual Report
- D. Local, State, and National Resources
- E. Child Developmental Stages and Milestones
- F. Prevention-Focused Protective Factors and Efforts
- G. Potential Indicators of Abuse
- H. DFCS Mandated Reporter Form
- I. Additional Information Regarding Forensic Interviews and Evaluations
- J. Children's Advocacy Centers of Georgia CSEC Response Team
- K. Investigating Child Homicide Factsheet

**APPENDIX A: O.C.G.A. § 19-15-2**  
**(Child Abuse Protocol Governing Legislation)**

**§ 19-15-2. Protocol committee on child abuse; written protocol; training of members; written sexual abuse and exploitation protocol**

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**(a)** Except as provided in paragraph (3) of subsection (b) of this Code section, each county shall be required to establish a protocol for the investigation and prosecution of alleged cases of child abuse as provided in this Code section.

**(b)**

**(1)** The chief superior court judge of the circuit in which the county is located shall establish a protocol committee as provided in subsection (c) of this Code section and shall appoint an interim chairperson who shall preside over the first meeting, and the chief superior court judge shall appoint persons to fill any vacancies on the protocol committee.

**(2)** After the establishment of a protocol committee, the committee members shall elect a chairperson from the protocol committee's membership. The protocol committee shall be charged with developing local protocols for the investigation and prosecution of alleged cases of child abuse.

**(3)** When a judicial circuit is composed of more than one county, the protocol committee shall determine if it shall be established for each county in the judicial circuit or if it will serve all of the counties within the judicial circuit.

**(c) (1)** Each of the following individuals, agencies, and entities shall designate a representative to serve on a protocol committee established pursuant to paragraph (1) of subsection (b) of this Code section:

- (A)** The sheriff;
- (B)** The county department of family and children services;
- (C)** The district attorney for the judicial circuit;
- (D)** The presiding juvenile court judge;
- (E)** The chief magistrate;
- (F)** The county board of education;
- (G)** The county mental health organization;
- (H)** The chief of police of a county in counties which have a county police department;
- (I)** The chief of police of the largest municipality in the county;
- (J)** The county public health department; and

**(K)** The coroner or county medical examiner.

**(2)** Each of the following individuals, agencies, and entities shall designate a representative to serve on a protocol committee established pursuant to paragraph (3) of subsection (b) of this Code section:

**(A)** The sheriff of each county in the judicial circuit;

**(B)** The county department of family and children services of each county in the judicial circuit;

**(C)** The district attorney for the judicial circuit;

**(D)** The presiding juvenile court judge of each county in the judicial circuit;

**(E)** The chief magistrate of each county in the judicial circuit;

**(F)** Each board of education in the judicial circuit;

**(G)** The county mental health organization of each county in the judicial circuit;

**(H)** The chief of police of each county in the judicial circuit, if any;

**(I)** The chief of police of the largest municipality in the judicial circuit;

**(J)** The county public health department of each county in the judicial circuit; and

**(K)** The coroner or county medical examiner of each county in the judicial circuit.

**(3)** A representative of a local child advocacy center shall serve on a protocol committee established under paragraph (1) or (3) of subsection (b) of this Code section if one exists in such location.

**(4)** A representative of a sexual assault center shall serve on a protocol committee established under paragraph (1) or (3) of subsection (b) of this Code section if one exists in such location.

**(5)** In addition to the representatives serving on the protocol committee as provided for in paragraphs (1) through (4) of this subsection, the chief superior court judge shall designate a representative from a local citizen or advocacy group which focuses on child abuse awareness and prevention to serve on such protocol committee.

**(6)** If any designated agency fails to carry out its duties relating to participation on the protocol committee, the chief superior court judge of the circuit may issue an order requiring the participation of such agency. Failure to comply with such order shall be cause for punishment as for contempt of court.

**(d)** Each protocol committee chairperson shall be responsible for ensuring that written protocol procedures are followed by all agencies. Such person may be independent of agencies listed in paragraph (1) of subsection (c) of this Code section. The protocol committee may appoint such additional members as necessary and proper to accomplish the purposes of the protocol committee.

**(e)** The protocol committee shall adopt a written protocol which shall be filed with the Division of Family and Children Services of the Department of Human Services and the Office of the Child Advocate for the Protection of Children, a copy of which shall be furnished to each agency in the county handling the cases of abused children. The protocol shall be a written document outlining in detail the procedures to be used in investigating and prosecuting cases arising from alleged child abuse and the methods to be used in coordinating treatment programs for the perpetrator, the family, and the child. The protocol shall also outline procedures to be used when child abuse occurs in a household where there is violence between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household. The protocol adopted shall not be inconsistent with the policies and procedures of the Division of Family and Children Services of the Department of Human Services.

**(f)** The purpose of the protocol shall be to ensure coordination and cooperation between all agencies involved in a child abuse case so as to increase the efficiency of all agencies handling such cases, to minimize the stress created for the allegedly abused child by the legal and investigatory process, and to ensure that more effective treatment is provided for the perpetrator, the family, and the child, including counseling.

**(g)** Upon completion of the writing of the protocol, the protocol committee shall continue in existence and shall meet at least semiannually for the purpose of evaluating the effectiveness of the protocol and appropriately modifying and updating the same. The protocol committee shall file the updated protocol with the Division of Family and Children Services of the Department of Human Services and the Office of the Child Advocate for the Protection of Children not later than the first day of September each year.

**(h)** Each protocol committee shall adopt or amend its written protocol to specify the circumstances under which law enforcement officers shall and shall not be required to accompany investigators from the county department of family and children services when these investigators investigate reports of child abuse. In determining when law enforcement officers shall and shall not accompany investigators, the protocol committee shall consider the need to protect the alleged victim and the need to preserve the confidentiality of the report. Each protocol committee shall establish joint work efforts between the law enforcement and investigative agencies in child abuse investigations. The adoption or amendment of the protocol shall also describe measures which can be taken within the county or circuit, as the case may be, to prevent child abuse and shall be filed with and furnished to the same entities with or to which an original protocol is required to be filed or furnished. The protocol shall be further amended to specify procedures to be adopted by the protocol committee to ensure that written protocol procedures are followed.

**(i)** The protocol committee shall issue a report no later than the first day of July each year. Such report shall evaluate the extent to which investigations of child abuse during the 12 months prior to the report have complied with the protocols of the protocol committee, recommend measures to improve compliance, and describe which measures taken within the county or circuit, as the case may be, to prevent child abuse have been successful. The report shall be transmitted to the county governing authority, the fall term grand jury of the judicial circuit, the Office of the Child Advocate for the Protection of Children, and the chief superior court judge of the circuit.

**(j)** Each member of each protocol committee shall receive appropriate training within 12 months after his or her appointment. The Office of the Child Advocate for the Protection of Children shall provide such training.

**(k)** The protocol committee shall include a written sexual abuse and sexual exploitation section within its protocol which shall be filed with the Division of Family and Children Services of the Department of Human Services and the Office of the Child Advocate for the Protection of Children, a copy of which shall be furnished to each agency in the county handling the cases of sexually abused or exploited children. The sexual abuse and sexual exploitation section of the protocol shall outline in detail the procedures to be used in investigating and prosecuting cases arising from alleged sexual abuse and sexual exploitation and the procedures to be followed concerning the obtainment of and payment for sexual assault examinations. The sexual abuse and sexual exploitation section of the protocol shall be consistent with the policies and procedures of the Division of Family and Children Services of the Department of Human Services. The sexual abuse and sexual exploitation section of the protocol is not intended to, does not, and may not be relied upon to create any rights, substantive or procedural, enforceable at law by any party in any matter civil or criminal. Such section of the protocol shall not limit or otherwise restrict a prosecuting attorney in the exercise of his or her discretion nor in the exercise of any otherwise lawful litigative prerogatives.

## **APPENDIX B: O.C.G.A. § 15-11-26** **(Best Interest of the Child Factors)**

### **§ 15-11-26. Best interests of child**

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Whenever a best interests determination is required, the court shall consider and evaluate all of the factors affecting the best interests of the child in the context of such child's age and developmental needs. Such factors shall include:

- (1) The physical safety and welfare of such child, including food, shelter, health, and clothing;
- (2) The love, affection, bonding, and emotional ties existing between such child and each parent or person available to care for such child;
- (3) The love, affection, bonding, and emotional ties existing between such child and his or her siblings, half siblings, and stepsiblings and the residence of such other children;
- (4) Such child's need for permanence, including such child's need for stability and continuity of relationships with his or her parent, siblings, other relatives, and any other person who has provided significant care to such child;
- (5) Such child's sense of attachments, including his or her sense of security and familiarity, and continuity of affection for such child;
- (6) The capacity and disposition of each parent or person available to care for such child to give him or her love, affection, and guidance and to continue the education and rearing of such child;
- (7) The home environment of each parent or person available to care for such child considering the promotion of such child's nurturance and safety rather than superficial or material factors;
- (8) The stability of the family unit and the presence or absence of support systems within the community to benefit such child;
- (9) The mental and physical health of all individuals involved;
- (10) The home, school, and community record and history of such child, as well as any health or educational special needs of such child;
- (11) Such child's community ties, including church, school, and friends;
- (12) Such child's background and ties, including familial, cultural, and religious;
- (13) The least disruptive placement alternative for such child;
- (14) The uniqueness of every family and child;

- (15) The risks attendant to entering and being in substitute care;
- (16) Such child's wishes and long-term goals;
- (17) The preferences of the persons available to care for such child;
- (18) Any evidence of family violence, substance abuse, criminal history, or sexual, mental, or physical child abuse in any current, past, or considered home for such child;
- (19) Any recommendation by a court appointed custody evaluator or guardian ad litem; and
- (20) Any other factors considered by the court to be relevant and proper to its determination.

## **APPENDIX C: Sample Annual Report**

### **PROTOCOL COMMITTEE - ANNUAL REPORT**

**County/Counties:**

**Judicial Circuit:**

**Date of Submission:** *(Pursuant to O.C.G.A. § 19-15-2(i) the protocol committee is issuing this annual report no later than the first day of July.)*

1. *(Evaluate the extent to which the child abuse investigations during the 12 months prior to the report have complied with the child abuse protocol):*
2. *(Recommend measure(s) to improve compliance):*
3. *(Describe which measures taken within the county to prevent child abuse have been successful):*

Activities/Concerns:

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Chair - Printed Name and Title

Address:

Phone:

Email:

**The report shall be submitted to the:**

1. County governing authority
2. Fall term grand jury of the judicial circuit
3. Office of the Child Advocate, 7 Martin Luther King, Jr. Drive, Suite 347, Atlanta, GA 30334
4. Chief superior court judge

## **APPENDIX D: Local, State, and National Resources**

Local, state and national resources listed below promote the general welfare of children and families, provide prevention activities to children, families and the community, provide prevention of the recurrence of abuse and neglect, and support the work of CAP committees.

### **Local Resources:**

**MDT contact:** Mark Smith, FAITH's Power House 706-886-2290

**Child Fatality Review contact:** Katie Patterson 706-839-0370

**Sheriff's Offices:** Banks 706-677-2248; Habersham 706-839-0500; Stephens 706-886-2525; Rabun 706-782-3612

### **City Police:**

Banks: Baldwin 706-776-5256; Maysville 706-652-3494; Homer City/County 706-677-2248

Habersham: Cornelia 706-778-4314; Clarkesville 706-754-5390; Demorest 706-754-7562; Baldwin 706-776-5256; Mt. Airy 706-894-2986; Alto 706-778-8028

Stephens: Toccoa 706-886-8451

Rabun: Clayton 706-782-2181; Mountain City 706-746-2621; Dillard 706-746-5891; Sky Valley 706-746-5584; Tallulah Falls 706-754-6040

**DFCS Offices:** Banks 706-677-2272; Habersham 706-754-2148; Stephens 706-282-4505; Rabun 706-782-4283; State centralized mandated reporter number 1-855-422-4453 (1-855-GACHILD)

**Office of the District Attorney:** Banks 706-677-6205; Habersham 706-839-0370; Stephens 706-886-7920; Rabun 706-782-4501

**Board of Education:** Banks 706-677-2224; Habersham 706-754-2118; Stephens 706-886-9415; Rabun 706-212-4350

**CASA:** Northeast Georgia CASA 706-886-1098; Piedmont CASA 470-429-5055

**Special Assistant Attorney Generals (SAAGS):** Banks: Jeffrey K Williams: 770-540-2252; Habersham and Stephens: Kerry Bannister Morris 706-219-2239; Rabun: Richard Highsmith 706-499-5286

**Juvenile Court:** Banks 706-677-6240; Habersham 706-839-0333; Stephens 706-898-5746; Rabun 706-782-5271

**Superior Court:** Banks 706-677-6240; Habersham 706-839-0370; Stephens 706-886-3598; Rabun 706-782-3615

**State Court:** Habersham 706-778-0800; Stephens 706-886-3598; no State Court in Rabun or Banks.

**Magistrate Court:** Banks 706-677-6270; Habersham 706-839-0350; Stephens 706-886-6205; Rabun 706-782-2285

**Probate Court:** Banks 706-677-6250; Habersham 706-754-2013; Stephens 706-886-2828; Rabun 706-782-3614

**Department of Health:** Banks 706-677-2296; Habersham 706-778-7156; Stephens 706-282-4507; Rabun 706-212-0289

**Hospitals:** Habersham: Northeast Georgia Medical Center Habersham 706-754-2161

Stephens: Stephens County Hospital 706-282-4200

Rabun: Mountain Lakes Medical Center 706-782-3100

**Child Advocacy Center:** Mountain Judicial Circuit: FAITH's Power House 706-886-2290

**Sexual Assault:** FAITH's Power House: 706-886-2290; Bridging Hope 770-503-7273; Piedmont Rape Crisis 770-586-5423

**Additional Local Resources:**

- Supervised Family Visitation:  
Prevent Child Abuse Habersham, Inc. DBA Family Resource Center of Northeast Georgia: 706-778-3100
- Accountability Courts:  
Banks, Habersham, Stephens and Rabun Adult Felony Drug Court  
Banks, Habersham, Stephens and Rabun Family Dependency Treatment Court  
706-839-0345
- Public Schools:  
Banks 706-677-2224; Habersham 706-754-2118; Stephens 706-886-9415; Rabun 706-212-4350
- Pre K and Head Start Programs:  
Banks 706-677-2963 Habersham 706-776-1831; Stephens 706-886-7675; Rabun 706-782-4178
- Adult Education:  
Mountain Education Charter High Schools: Banks 762-339-8131;  
Habersham 706-754-4461; Stephens 706-886-3114; Rabun 706-212-4390  
North Georgia Technical College GED Program 706-754-7717 ext 7826
- Volunteers for Literacy:  
Banks County Literacy Council 706-677-4302  
Habersham Volunteers for Literacy 706-9493157  
Toccoa/Stephens County Literacy Council 706-282-5171
- Parent Education Programs:  
Habersham: Prevent Child Abuse Habersham, Inc. DBA Family Resource Center of Northeast Georgia 706-778-3100  
Stephens: FAITH's Power House 706-886-2290  
Rabun: F.A.I.T.H. Inc. 706-782-1338
- Family Connection Programs:  
Banks 706-716-0620; Habersham 706-778-0830 ext 114; Stephens 706-898-5049; Rabun 706-782-8390

- Domestic Violence Shelters:  
Habersham and Stephens Counties: Circle of Hope 706-776-4673  
Rabun County: F.A.I.T.H. Inc. 706-782-1338  
Banks: Piedmont Rape Crisis 770-586-5423
- Homeless Shelters:  
Habersham: Family Promise of White and Habersham 706-865-7725  
Stephens: Shirley Combs's Shelter 706-297-7739
- Mental Health Counseling:  
Avida: Banks and Habersham 706-894-3700; Stephens 706-282-4542; Rabun 706-212-3220  
Suicide and Crisis Line: call or text 988; [988lifeline.org](http://988lifeline.org)
- Child Trauma Focused Therapy:  
Turning Points Therapy 706-244-5159  
Family Art Therapy 706-782-0717  
Prevent Child Abuse Habersham, Inc. DBA Family Resource Center of Northeast Georgia 706-778-3100

## **State Resources:**

- 2-1-1/United Way
  - 2-1-1: <http://211online.unitedwayatlanta.org/>
  - United Ways in Georgia <https://www.unitedway.org/local/united-states/georgia#>
- Barton Child Law and Policy Center at Emory Law School
  - <http://bartoncenter.net/>
- Center of Excellence for Children's Behavioral Health, Georgia Health Policy Center, Georgia State University
  - <https://gacoeonline.gsu.edu/>
  - 404-413-0075
- Children's Advocacy Centers of Georgia (CACGA)
  - <https://www.cacga.org/>
  - State CAC Network: 770-319-6888;
  - Human Trafficking Concerns: 1-866-END-HTGA (842-4842) additional info below
- Children's Healthcare of Atlanta, Stephanie V. Blank Center for Safe and Healthy Children
  - <https://www.choa.org/medical-services/child-protection-advocacy-center>
- Committee on Justice for Children, Judicial Council of Georgia/Administrative Office of the Courts
  - <https://georgiacourts.gov/j4c/>
  - 404-656-5171
- Georgia Bureau of Investigation (GBI):
  - <https://gbi.georgia.gov/>

- 24 Hour Communications Center: 404-244-2600
- Child Exploitation and Computer Crimes Unit: <https://investigative-gbi.georgia.gov/investigative-offices-and-services/specialized-units/child-exploitation-and-computer-crimes-unit>; 404-270-8870
- Child Fatality Review: <https://gbi.georgia.gov/CFR>; 404-270-8715
- Crisis Intervention Team: <https://gbi.georgia.gov/divisions/crisis-intervention-team>
- Georgia Crime Information Center (GCIC) for attorneys requesting information for trial preparation: [gcic.attorneys@gbi.state.ga.us](mailto:gcic.attorneys@gbi.state.ga.us); 404-244-2639
- Sex Offender Registry: [GCICSexOffenders@gbi.ga.gov](http://GCICSexOffenders@gbi.ga.gov); 404-270-8465
  
- Georgia Coalition Against Domestic Violence
  - <https://gcadv.org>
  - 404-209-0280
  
- Georgia Commission on Family Violence
  - <https://gcfv.georgia.gov/>
  - 404-657-3412
  - Hotline: 1-800-33-HAVEN (1-800-334-2836)
  
- Georgia Coroners Association
  - <https://www.georgiacoronersassoc.org/>
  
- Georgia Court Appointed Special Advocates (GA CASA)
  - <https://www.gacasa.org/>
  - 800-251-4012
  - [info@gacasa.org](mailto:info@gacasa.org)
  
- Georgia Criminal Justice Coordinating Council (CJCC)
  - <https://cjcc.georgia.gov/>
  - 404-657-1956
  
- Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
  - <https://dbhdd.georgia.gov/>
  - 404-657-2252
  - Georgia APEX Program (school-based mental health services and supports): <https://dbhdd.georgia.gov/georgia-apex-program>
  - Georgia Crisis and Access (GCAL) Line: 1-800-715-4225 (24/7)
  - Mental Health for Children, Young Adults, and Families: <https://dbhdd.georgia.gov/be-dbhdd/be-supported/mental-health-children-young-adults-and-families>
  
- Georgia Department of Community Affairs (DCA)
  - <https://www.dca.ga.gov/>
  - 404-679-4840
  
- Georgia Department of Community Health (DCH)
  - <https://dch.georgia.gov/>
  - 404-656-4507
  
- Georgia Department of Community Supervision

- <https://dcs.georgia.gov/>
- 678-783-4337
- Georgia Department of Early Care and Learning (DECAL), Bright from the Start
  - <http://www.decals.ga.gov/>
  - 404-656-5957
  - Childcare and Parent Services (CAPS) <https://caps.decals.ga.gov/en/>
- Georgia Department of Education (GaDOE)
  - <https://www.gadoe.org/Pages/Home.aspx>
- Georgia Department of Juvenile Justice (DJJ)
  - <https://djj.georgia.gov/>
  - 404-508-6500
- Georgia Department of Public Health (DPH)
  - <https://dph.georgia.gov/>
  - 404-657-2700
  - Babies Can't Wait (Early identification, screening, and intervention for children 0-3 for developmental delays and certain health conditions): <https://dph.georgia.gov/babies-cant-wait>; 404-657-2850
  - Children 1<sup>st</sup> (Early intervention services for children 0-5 who may be at risk for poor health outcomes and developmental delays): <https://dph.georgia.gov/children1st>; 404-657-2850
  - Children's Health: <https://dph.georgia.gov/childrens-health>; 404-657-2850
  - Women, Infants, and Children (WIC): <https://dph.georgia.gov/WIC>; 800-228-9173
- Georgia Division of Family and Children Services (DFCS)
  - [www.dfcs.dhs.ga.gov](http://www.dfcs.dhs.ga.gov)
  - 1-855-GA-CHILD (1-855-422-4453)
  - Prevention and Community Support: <https://dfcs.georgia.gov/services/prevention-and-community-support-section>; [gadfcs.prevention@dhs.ga.gov](mailto:gadfcs.prevention@dhs.ga.gov)
- Georgia Early Education Alliance for Ready Students (GEEARS)
  - <https://geears.org/>
  - 404-410-8564
- Georgia Family Connection Partnership
  - <https://gafcp.org/>
  - 404-527-7394
- Georgia Legal Services Program
  - <https://www.glsp.org/>
  - 1-800-498-9469
  - Atlanta Legal Aid: <https://atlantalegalaid.org/>
  - Georgia Legal Aid <https://www.georgialegalaid.org/>
- Georgia Office of the Attorney General
  - <https://law.georgia.gov/>
  - 404-651-8600

- Georgia Office of the Child Advocate
  - [www.oca.ga.gov](http://www.oca.ga.gov)
  - 404-656-4200
- Georgia Governor’s Office of Student Achievement (GOSA)
  - <https://gosa.georgia.gov/>
- Georgia Vocational Rehabilitation Agency
  - <https://gvs.georgia.gov/>
- Get Georgia Reading Campaign for Grade Level Reading
  - <https://getgeorgiareading.org/>
  - [GGR@gafcp.org](mailto:GGR@gafcp.org)
- Healthy Mothers, Healthy Babies
  - <https://www.resourcehouse.com/hmhb/>
  - 1-800-300-9003
  - [thecoalition@hmhbga.org](mailto:thecoalition@hmhbga.org)
  - Georgia Family Health Line (Help with finding services/referrals for medical care; interpreters available in 170+ languages): 1-800-300-9003
- Positive Childhood Alliance Georgia (PCA GA)
  - <https://abuse.publichealth.gsu.edu/>
  - 404-413-1296
  - 1-800-CHILDREN (1-800-244-5373)
- Prosecuting Attorneys’ Council of Georgia
  - <https://pacga.org/>
  - 770-282-6300
  - [info@pacga.org](mailto:info@pacga.org)
- Technical College System of Georgia (TCSG)
  - <https://www.tcsg.edu/>
- Together Georgia
  - <https://togetherga.net/>
  - 404-572-6170
  - [office@togetherga.net](mailto:office@togetherga.net)
- University System of Georgia (USG)
  - <https://www.usg.edu/>
- Voices for Georgia’s Children
  - <https://georgiavoices.org/>

## Georgia Human Trafficking Resource List

Statewide Human Trafficking Hotline: call 1-866-363-4842; [www.endhtga.org](http://www.endhtga.org)

In coordination with state partners, CJCC facilitated the creation of a statewide human trafficking hotline to serve as a one-stop shop to answer questions and offer assistance related to trafficking. This hotline is a vital resource that provides information to law enforcement when there is suspicion of sexual and/or labor exploitation of minors or adults, as well as connects individuals to services and resources throughout the state. Trained law enforcement agents, advocates, and first responders are available 24/7 to answer calls. The hotline is also available in Spanish.

#### Hotline Options:

- Option 1 to be connected to the Georgia Bureau of Investigation if you see or hear something suspicious that you suspect is human trafficking.
- Option 2 to be connected to Children's Advocacy Centers of Georgia for resources and information for minors who may or have been sex trafficked.
- Option 3 to be connected to Statewide Human Trafficking Victim Advocate for resources and information for adults who may or have been sex trafficked.
- Option 4 to be connected to Tapestri for resources and information for foreign adults and minors who may or have been labor and/or sex trafficked.
- Option 5 to be connected to the Receiving Hope Center, a residential intake center for confirmed or suspected trafficked youth.
- Option 6 to be connected to the National Human Trafficking Hotline for out of state resources and information.

These agencies will connect you with further resources if needed.

#### **Child Advocacy Centers:**

- Conducts forensic interviews, family and victim advocacy, therapy and therapy referrals, medical exams and referrals
- CACGA.org

#### **Children's Healthcare of Atlanta – Stephanie Blank Center:**

- Locations- Scottish Rite and Hughes Spalding
- Conducts Forensic Medical Exams
- 404-785-5437; <https://www.choa.org/>

#### **Division of Family and Children Services (DFCS):**

- You are mandated to report to DFCS.
- DFCS is increasingly being trained specifically to handle CSEC case
- 1-855-GACHILD / 1-855-422-4453; <https://dfcs.georgia.gov/>

#### **Federal Bureau of Investigation (FBI):**

- Metro Atlanta Child Exploitation Task Force (MATCH) FBI Database
- 404-679-9000

#### **Frontline Response:**

- Will pick up an adult victim upon request and provide shelter and other services.
- 404-941-6024; [frontlineresponse.org](http://frontlineresponse.org)

#### **Georgia Bureau of Investigation (GBI):**

- Child Exploitation and Computer Crimes Unit
- 404-270-8870
- 404-244-2600 (24-hour call center)

#### **National Center for Missing and Exploited Children (NCMEC):**

- <http://www.missingkids.com/>

#### **Receiving Hope Center:**

- Residential intake facility for trafficked youth between the ages of 12 – 17 years old
- Provides full wraparound services
- 470-467-3669; [Rhcreferrals@wellspringliving.org](mailto:Rhcreferrals@wellspringliving.org)

## **Tapestri:**

- Addresses the needs of foreign- born survivors of violence
- Provides crisis counseling, short term shelter and housing assistance, healthcare/ medical assistance, assistance with legal and immigration issues, TESL, vocational and life skills training and translation services
- 404 -299-2185; Tapestri.org

## **National Resources:**

- American Academy of Pediatrics
  - [www.aap.org](http://www.aap.org)
  - 800-433-9016
- American Bar Association (ABA) Center on Children and the Law
  - [https://www.americanbar.org/groups/public\\_interest/child\\_law/](https://www.americanbar.org/groups/public_interest/child_law/)
- American Professional Society on the Abuse of Children (APSAC)
  - <https://www.apsac.org/>
  - 877-402-7722
- Capacity Building Center for States
  - <https://capacity.childwelfare.gov/states/>
- Centers for Disease Control (CDC)
  - <https://www.cdc.gov/>
  - Child Abuse and Neglect Prevention:  
[https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fchildmaltreatment%2Findex.html](https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fchildmaltreatment%2Findex.html)
- Center for the Study of Social Policy
  - <https://cssp.org/>
- Child Welfare Information Gateway
  - <https://www.childwelfare.gov/>
- Children’s Bureau, an Office of the Administration for Children and Families (ACF)
  - <https://www.acf.hhs.gov/cb>
- Children’s Defense Fund (CDF)
  - <https://www.childrensdefense.org/>
- FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP)
  - <https://friendsnrc.org/>
- National Association of Counsel for Children (NACC)

- <https://www.naccchildlaw.org/>
- National Association for Education of Young Children (NAEYC)
  - <https://www.naeyc.org/>
- National Center for Children in Poverty
  - <https://www.nccp.org/>
- National Center for Missing and Exploited Children (NCMEC)
  - <https://www.missingkids.org/HOME>
  - 1-800-THE-LOST (1-800-843-5678)
- National Center on Shaken Baby Syndrome
  - <https://www.dontshake.org/>
  - 801-447-9360
  - [mail@dontshake.org](mailto:mail@dontshake.org)
- National CASA/GAL Association
  - <https://nationalcasagal.org/>
  - 800-628-3233
- National Children’s Advocacy Center
  - <https://www.nationalcac.org/>
  - 256-533-KIDS (5437)
- National Children’s Alliance
  - <https://www.nationalchildrensalliance.org/>
- National Council on Child Abuse and Family Violence (NCCAFV)
  - <https://www.preventfamilyviolence.org/>
  - 202-857-9778
- National Council of Juvenile and Family Court Judges (NCJFCJ)
  - <https://www.ncjfcj.org/>
- National Domestic Violence Hotline
  - <https://www.thehotline.org/> please
  - 1-800-799-SAFE (1-800-799-7233)
- National Fatherhood Initiative (NFI)
  - <https://www.fatherhood.org/>
- National Institute of Health
  - <https://www.nih.gov/>
  - National Safe to Sleep Public Education Campaign: <https://safetosleep.nichd.nih.gov/>
- Polaris Project
  - <https://polarisproject.org/>
- Prevent Child Abuse America

- <https://preventchildabuse.org/>
- Prevention Institute
  - <https://www.preventioninstitute.org/>
- Rape, Abuse, and Incest National Network (RAINN)
  - <https://www.rainn.org/>
  -
- Suicide and Crisis Line: call or text 988; [988lifeline.org](https://988lifeline.org)
- Zero to Three
  - <https://www.zerotothree.org/>

## **APPENDIX E: Child Developmental Stages and Milestones**

### **What most babies do by 2 months old:**

- *Social/Emotional*
  - Begins to smile at people
  - Can briefly calm himself (may bring hands to mouth and suck on hand)
  - Tries to look at parent
- *Language/Communication*
  - Coos, makes gurgling sounds
  - Turns head toward sounds
- *Cognitive (learning, thinking, problem-solving)*

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act bored (cries, fussy) if activity doesn't change
- *Movement/Physical Development*
  - Can hold head up and begins to push up when lying on tummy
  - Makes smoother movements with arms and legs

### **What most babies do by 4 months old:**

- *Social/Emotional*
  - Smiles spontaneously, especially at people
  - Likes to play with people and might cry when playing stops
  - Copies some movements and facial expressions, like smiling or frowning
- *Language/Communication*
  - Begins to babble
  - Babbles with expression and copies sounds he hears
  - Cries in different ways to show hunger, pain, or being tired
- *Cognitive (learning, thinking, problem-solving)*
  - Let you know if she is happy or sad
  - Responds to affection
  - Reaches for toy with one hand
  - Uses hands and eyes together, such as seeing a toy and reaching for it
  - Follows moving things with eyes from side to side
  - Watches faces closely
  - Recognizes familiar people and things at a distance
- *Movement/Physical Development*
  - Holds head steady, unsupported
  - Pushes down on legs when feet are on a hard surface
  - May be able to roll over from tummy to back
  - Can hold a toy and shake it and swing at dangling toys
  - Brings hands to mouth
  - When lying on stomach, pushes up to elbows

### **What most babies do by 6 months old:**

- *Social/Emotional*
  - Knows familiar faces and begins to know if someone is a stranger
  - Likes to play with others, especially parents
  - Responds to other people's emotions and often seems happy
  - Likes to look at self in a mirror
- *Language/Communication*
  - Responds to sounds by making sounds
  - Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
  - Responds to own name
  - Makes sounds to show joy and displeasure
  - Begins to say consonant sounds (jabbering with "m," "b")
- *Cognitive (learning, thinking, problem-solving)*
  - Looks around at things nearby
  - Brings things to mouth
  - Shows curiosity about things and tries to get things that are out of reach

- Begins to pass things from one hand to another
- *Movement/Physical Development*
  - Rolls over in both directions (front to back, back to front)
  - Begins to sit without support
  - When standing, supports weight on legs and might bounce
  - Rocks back and forth, sometimes crawling backward before moving forward

**What most babies do by 9 months old:**

- *Social/Emotional*
  - May be afraid of strangers
  - May be clingy with familiar adults
  - Has favorite toys
- *Language/Communication*
  - Understands “no”
  - Makes a lot of different sounds like “mamamama” and “bababababa”
  - Copies sounds and gestures of others
  - Uses fingers to point at things
- *Cognitive (learning, thinking, problem-solving)*
  - Watches the path of something as it falls
  - Looks for things he sees you hid
  - Plays peek-a-boo
  - Puts things in her mouth
  - Moves things smoothly from one hand to the other
  - Picks up things like cereal o’s between thumb and index finger
- *Movement/Physical Development*
  - Stands, holding on
  - Can get into sitting position
  - Sits without support
  - Pulls to stand
  - Crawls

\*At 9 months old, the AAP recommends a general developmental screening.

**What most children do by 1 year old:**

- *Social/Emotional*
  - Is shy or nervous with strangers
  - Cries when mom or dad leaves
  - Has favorite things and people
  - Shows fear in some situations
  - Hands you a book when he wants to hear a story
  - Repeats sounds or actions to get attention
  - Puts out arm or leg to help with dressing
  - Plays games such as “peek-a-boo” and “pat-a-cake”
- *Language/Communication*
  - Responds to simple spoken requests
  - Uses simple gestures, like shaking head “no” or waving “bye-bye”
  - Makes sounds with changes in tone (sounds more like speech)
  - Says “mama” and “dada” and exclamations like “uh-oh!”
  - Tries to say words you say
- *Cognitive (learning, thinking, problem-solving)*

- Explores things in different ways, like shaking, banging, throwing
- Finds hidden things easily
- Looks at the right picture or thing when it's named
- Copies gestures
- Starts to use things correctly; for example, drinks from a cup, brushes hair
- Bangs two things together
- Puts things in a container, takes things out of a container
- Lets things go without help
- Pokes with index (pointer) finger
- Follows simple directions like "pick up the toy"
- *Movement/Physical Development*
  - Gets to a sitting position without help
  - Pulls up to stand, walks holding on to furniture ("cruising")
  - May take a few steps without holding on
  - May stand alone

**What most children do by 18 months old:**

- *Social/Emotional*
  - Likes to hand things to others as play
  - May have temper tantrums
  - May be afraid of strangers
  - Shows affection to familiar people
  - Plays simple pretend, such as feeding a doll
  - May cling to caregivers in new situations
  - Points to show others something interesting
  - Explores alone but with parent close by
- *Language/Communication*
  - Says several single words
  - Says and shakes head "no"
  - Points to show someone what he wants
- *Cognitive (learning, thinking, problem-solving)*
  - Knows what ordinary things are for; for example, telephone, brush, spoon
  - Points to get the attention of others
  - Shows interest in a doll or stuffed animal by pretending to feed
  - Points to one body part
  - Scribbles on his own
  - Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"
- *Movement/Physical Development*
  - Walks alone
  - May walk up steps and run
  - Pulls toys while walking
  - Can help undress herself
  - Drinks from a cup
  - Eats with a spoon

\*At 18 months old, the AAP recommends a general developmental screening and an autism screening.

**What most children do by 2 years old:**

- *Social/Emotional*
  - Copies others, especially adults and older children

- Gets excited when with other children
- Shows more and more independence
- Shows defiant behavior (doing what he has been told not to)
- Plays mainly beside other children, but is beginning to include other children, such as in chase games
- *Language/Communication*
  - Points to things or pictures when they are named
  - Knows names of familiar people and body parts
  - Says sentences with 2 to 4 words
  - Follows simple instructions
  - Repeats words overheard in conversation
  - Points to things in a book
- *Cognitive (learning, thinking, problem-solving)*
  - Finds things even when hidden under two or three covers
  - Begins to sort shapes and colors
  - Completes sentences and rhymes in familiar books
  - Plays simple make-believe games
  - Builds towers of 4 or more blocks
  - Might use one hand more than the other
  - Follows two-step instructions such as “Pick up your shoes and put them in the closet.”
  - Names items in a picture book such as a cat, bird, or dog
- *Movement/Physical Development*
  - Stands on tiptoe
  - Kicks a ball
  - Begins to run
  - Climbs onto and down from furniture without help
  - Walks up and down stairs holding on
  - Throws ball overhand
  - Makes or copies straight lines and circles

\*At 2 years old, the AAP recommends a general developmental screening and an autism screening.

### **What most children do by 3 years old:**

- *Social/Emotional*
  - Copies adults and friends
  - Shows affection for friends without prompting
  - Takes turns in games
  - Shows concern for a crying friend
  - Understands the idea of “mine” and “his” or “hers”
  - Shows a wide range of emotions
  - Separates easily from mom and dad
  - May get upset with major changes in routine
  - Dresses and undresses self
- *Language/Communication*
  - Follows instructions with 2 or 3 steps
  - Can name most familiar things
  - Understands words like “in,” “on,” and “under”

- Says first name, age, and sex
- Names a friend
- Says words like “I,” “me,” “we,” and “you” and some plurals (cars, dogs, cats)
- Talks well enough for strangers to understand most of the time
- Carries on a conversation using 2 to 3 sentences
- *Cognitive (learning, thinking, problem-solving)*
  - Can work toys with buttons, levers, and moving parts
  - Plays make-believe with dolls, animals, and people
  - Does puzzles with 3 or 4 pieces
  - Understands what “two” means
  - Copies a circle with pencil or crayon
  - Turns book pages one at a time
  - Builds towers of more than 6 blocks
  - Screws and unscrews jar lids or turns door handle
- *Movement/Physical Development*
  - Climbs well
  - Runs easily
  - Pedals a tricycle (3-wheel bike)
  - Walks up and down stairs, one foot on each step

**What most children do by 4 years old:**

- *Social/Emotional*
  - Enjoys doing new things
  - Plays “Mom” and “Dad”
  - Is more and more creative with make-believe play
  - Would rather play with other children than by himself
  - Cooperates with other children
  - Often can’t tell what’s real and what’s make-believe
  - Talks about what she likes and what she is interested in
- *Language/Communication*
  - Knows some basic rules of grammar, such as correctly using “he” and “she”
  - Sings a song or says a poem from memory such as the “Itsy Bitsy Spider” or the “Wheels on the Bus”
  - Tells stories
  - Can say first and last name
- *Cognitive (learning, thinking, problem-solving)*
  - Names some colors and some numbers
  - Understands the idea of counting
  - Starts to understand time
  - Remembers parts of a story
  - Understands the idea of “same” and “different”
  - Draws a person with 2 to 4 body parts
  - Uses scissors
  - Starts to copy some capital letters
  - Plays board or card games
  - Tells you what he thinks is going to happen next in a book
- *Movement/Physical Development*
  - Hops and stands on one foot up to 2 seconds
  - Catches a bounced ball most of the time
  - Pours, cuts with supervision, and mashes own food

## What most children do by 5 years old:

- *Social/Emotional*
  - Wants to please friends
  - Wants to be like friends
  - More likely to agree with rules
  - Likes to sing, dance, and act
  - Is aware of gender
  - Can tell what's real and what's make-believe
  - Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
  - Is sometimes demanding and sometimes very cooperative
- *Language/Communication*
  - Speaks very clearly
  - Tells a simple story using full sentences
  - Uses future tense; for example, "Grandma will be here."
  - Says name and address
- *Cognitive (learning, thinking, problem-solving)*
  - Counts 10 or more things
  - Can draw a person with at least 6 body parts
  - Can print some letters or numbers
  - Copies a triangle and other geometric shapes
  - Knows about things used every day, like money and food
- *Movement/Physical Development*
  - Stands on one foot for 10 seconds or longer
  - Hops; may be able to skip
  - Can do a somersault
  - Uses a fork and spoon and sometimes a table knife
  - Can use the toilet on her own
  - Swings and climbs

Source: [https://www.cdc.gov/ncbddd/actearly/pdf/checklists/Checklists-with-Tips\\_Reader\\_508.pdf](https://www.cdc.gov/ncbddd/actearly/pdf/checklists/Checklists-with-Tips_Reader_508.pdf)  
Additional resources:

- CDC's quick reference checklist for children birth to 5: [https://www.cdc.gov/ncbddd/actearly/pdf/parents\\_pdfs/milestonemomentseng508.pdf](https://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/milestonemomentseng508.pdf)
- 1-pager quick reference checklist for children birth to 5: <http://aapdc.org/wp-content/uploads/2014/01/Early-Stages-Milestones-EN-2011.pdf>
- Variety of checklists covering milestones and abilities: <https://pathways.org/topics-of-development/milestones/checklists/>
- American Academy of Pediatrics (AAP): <https://www.healthychildren.org/English/ages-stages/Pages/default.aspx> (need to click on each stage individually to learn more)
- AAP's schedule for well-child visits: <https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>

## **APPENDIX F: Prevention-Focused Protective Factors and Efforts**

Georgia’s vision and goals promote a collective, strength-based approach that can help increase family assets, enhance child development, and reduce the likelihood of child abuse. This approach, known as Strengthening Families™, is based on engaging families, programs, and communities in building key protective factors, which are characteristics that make a parent or caregiver, child, or family more likely to thrive despite whatever risk factors (characteristics that make a parent or caregiver, child, or family more likely to experience a negative outcome) they might face.

All families benefit from having strong protective factors:

- Parental resilience: managing stress and functioning well when faced with challenges, adversity, and trauma.
- Social connections: positive relationships that provide emotional, informational, instrumental, and spiritual support.

- Knowledge of parenting and child development: understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.
- Concrete support in times of need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.
- Social and emotional competence of children: family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.

Source: *Georgia's Child Abuse and Neglect Prevention Plan*. Review the entire plan here:

<https://dfcs.georgia.gov/document/publication/vision-child-and-family-wellbeing-georgia-canpp2020/download>

### **Examples of preventive efforts:**

- In-service training for all disciplines involved with this protocol
- Programs of public awareness and trauma-informed education for everyone in the community
- Home-based visiting programs; well-child medical appointments
- Assessments, evaluations, and services available through the Babies Can't Wait program
- Pre-K programs; school breakfast/lunch programs; after-school and summer programs
- Educational programs in schools, including those focused on sexual abuse prevention strategies and programs. (See Georgia's Child Sexual Abuse and Exploitation Prevention Technical Assistance Resource Guide (TARG) found here: <https://abuse.publichealth.gsu.edu/targ/> for recommendations of evidence-based programs for educators to use to comply with the Georgia mandate contained in O.C.G.A. § 20-2-143(b) to provide sexual abuse and assault awareness and prevention education to students in kindergarten through grade nine.)
- Child care programs in high schools
- Parent education and support groups; parent aide services
- Counseling and treatment services, including for mental health, behavioral health, and substance use needs; Local Interagency Planning Teams (LIPTs)
- Programs that teach anger and stress management skills, impulse control, and problem solving skills; family violence prevention and intervention programs and services
- Substance use education and awareness programs, such as the DARE program
- Accountability courts; community-based risk reduction programs through the juvenile court system, such as those focused on Children in Need of Services (CHINS)
- Concrete support in times of need, including financial assistance
- Services available through Family Connection Partnership; literacy programs
- Programs, supports, and services available through churches; food pantries
- Programs to ensure parents, adults, and children have someone to listen to their concerns and link them to appropriate community resources
- Supports and services which help others build resilience and support social and emotional competence and social and community connections
- A community collaborative where stakeholders facilitate the sharing of ideas, expertise, and resources to meet needs and resolve issues

## **APPENDIX G: Potential Indicators<sup>128</sup> of Abuse<sup>129</sup>**

### **Physical Abuse**

- Unexplained bruises or welts on the face, lips, mouth, torso, back, buttocks, thighs, or injuries in various stages of healing. The bruises may be in clusters or in patterns. They may appear on several different surface areas. May include bald patches on scalp.
- Unexplained fractures/dislocations to various parts of the body, including long bones, ribs, skull, nose, and/or facial structure or in various stages of healing. Fractures may also include multiple or spinal fractures.
- Unexplained burns from cigars or cigarettes, especially on palms, soles, back or buttocks. This may also include immersion burns (sock-like, glove-like, or doughnut

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<sup>128</sup> This list of indicators is not exhaustive and these indicators may suggest abuse but any one indicator or multiple indicators may not necessarily mean that a child has suffered abuse. Indicators should be considered as red flags necessitating further inquiry.

<sup>129</sup> Refer to CHOA training for more in-depth discussion and training of medical signs of abuse; contact CHOA at 404-785-5004 or [cpctraining@choa.org](mailto:cpctraining@choa.org) for additional information.

shaped on buttocks or genitals). Infected burns may indicate a delay in seeking treatment.

- Unexplained missing or loosened teeth.
- Inadequate explanation of how injury sustained or explanation is otherwise inconsistent with actual type of injury.
- Child wears concealing clothing, regardless of weather.

### **Neglect or Exploitation**

- Underweight/hungry
- Exhibit poor growth patterns or a failure to thrive
- Have poor hygiene or inappropriate dress
- Consistent lack of supervision
- Have unattended physical or medical needs
- Obvious abandonment
- Bald patches on the scalp
- Poor school attendance or chronic lateness
- Parent lacks interest in child's activities

### **Factitious Disorder/Pediatric Condition Falsification/Munchausen Syndrome By Proxy (MSBP)/Medical Child Abuse**

- Unexplained seizures
- Life threatening events
- Chronic unexplained symptoms that resolve when child is protected
- Family history of similar sibling illnesses, unexplained sibling illness, or suspicious circumstances surrounding a death
- Discrepancies between history, clinical findings and general health of child
- Unusual signs and symptoms that do not fit clinical diagnosis
- Repeated hospitalizations and evaluations with definite medical diagnosis
- Caregiver welcomes invasive medical testing and displays considerable medical knowledge
- Family history of similar sibling illnesses, unexplained sibling illness, or suspicious circumstances surrounding a death
- Rare or unexplained lab findings
- Falsification of medical history
- Repeated requests for sexual abuse evaluations, especially if previously addressed or no other indication of sexual abuse
- Passive, abusive, or defensive spouse/partner
- "Doctor shopping"

### **Endangering a Child**

- Family violence
- Living in or frequenting a "meth house"
- Substance use by the mother during pregnancy

- Withdrawal symptoms in a newborn
- Driving under the influence with a child in the vehicle

### **Sexual Abuse**

- Difficulty walking or sitting
- Torn, stained, or bloody clothing
- Pain, discomfort, swelling, or itching in the genital area
- Pain upon urination
- Bruises, bleeding, or lacerations in the external genitals or anus area
- Poor sphincter control in previously toilet-trained child
- Vaginal or penile discharge of a sexually transmitted infection
- Victims may act out sexually or on younger children
- Self-harm
- Infantile behavior
- Parent/caregiver has extreme reaction to sex education or prevention education in the schools

### **Sexual Exploitation**

- Child frequently runs away
- Child is in possession of gifts/money, the origin of which is unknown
- Unexplained bruises or injuries
- New pattern of doing poorly in school or otherwise disengaged
- Sleeping in class
- Truancy and/or chronic absenteeism
- Gang involvement
- Changes in temperament/mood
- Withdrawn, uncommunicative, and/or isolated from family
- Not eating
- Little to no eye contact
- Substance use

### **Emotional Abuse<sup>130</sup>**

- Regressive habits, such as rocking or thumb sucking in an older child
- Daytime anxiety and unrealistic fears
- Speech disorders
- Lags in physical development
- Failure to thrive
- Hyperactive/disruptive behavior

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<sup>130</sup> "Emotional abuse" means acts or omissions by a person responsible for the care of a child that cause any mental injury to such child's intellectual or psychological capacity as evidenced by an observable and significant impairment in such child's ability to function within a child's normal range of performance and behavior or that create a substantial risk of impairment, if the impairment or substantial risk of impairment is diagnosed and confirmed by a licensed mental health professional or physician qualified to render such diagnosis. O.C.G.A. § 15-11-2(30).

- Displays low self-confidence/self-esteem
- Parent has unrealistic expectations of child
- Parent consistently displays ridicule and shame toward child or does not reward, praise, or acknowledge child's positive qualities or achievements
- Blames and punishes child for things over which the child has no control
- Threatens the child with abandonment or placement in an institution

# APPENDIX H: DFCS Mandated Reporter Form



BRIAN P. KEMP  
GOVERNOR

TOM C. RAWLINGS  
DIVISION DIRECTOR

## Georgia Child Protective Services Mandated Reporter Form

A report can be made by calling **1-855-422-4453**, 24 hours a day, 7 days a week, 365 days per year. A Case Manager will respond to your call quickly and gather necessary information needed to assess the child's safety.

**Mandated Reporters also have three additional CPS reporting options. Please use only one CPS reporting option per family:**

**Option One:** Complete your report on the CPS mandated reporter website at: <https://cps.dhs.ga.gov>. If you are using this option and received an autoreply from the website, please do not use other reporting options. We will process the report based on what you have provided or call you at the number you have on your report if we need additional information. Before you can register on the mandated reporter website, you must take a short, free online mandated reporter training offered by Pro Solutions training at: <https://www.prosolutionstraining.com>

**Option Two:** E-mail the report to [cpsintake@dhs.ga.gov](mailto:cpsintake@dhs.ga.gov). You will receive an autoreply stating that the CPS report has been received. You will receive a return phone call within 2 hours if additional information is needed. Once the report is entered and stage progressed in SHINES, you will receive a mandated reporter letter via email. The mandated reporter letter is emailed to the email address you registered on the CPS website with. The return phone call satisfies the legal requirement to speak with a DHS employee. Please include on the report a number where you can be reached.

**Option Three:** Fax to **229-317-9663**. Once the report is entered and stage progressed in SHINES, you will receive a mandated reporter letter via email. The mandated reporter letter is emailed to the email address you have on your fax. You will receive a return phone call within 2 hours if additional information is needed. This return phone call satisfies the legal requirement to speak with a DHS employee. Please include on the report a number where you can be reached and your email address. To request a PDF version of the CPS form or mandated reporter letter, please contact [customer\\_services\\_dfcs@dhs.ga.gov](mailto:customer_services_dfcs@dhs.ga.gov)

*Please note that you may be called for additional information regarding this report.*

**All reporters have the ability to make an anonymous report. Your information will be kept confidential and will not be shared. If court action is initiated, the case record may be subpoenaed as a result of court proceedings and the reporter cannot be assured confidentiality will be fully protected. It may be necessary for you to appear in court to protect the child. All reporters are immune from liability when the report is made in good faith.**

**DATE:** [Click here to enter text.](#)

**Time:** [Click here to enter text.](#) **County where child resides:** [Click here to enter text.](#)

**Location of child at time of report:** [Click here to enter text.](#)

**Reporter's Name, Title, Telephone, & e-mail address:** [Click here to enter text.](#)

**Reporter's Organization and Organization address:** [Click here to enter text.](#)

**Primary Caretaker of Child:** [Click here to enter text.](#)

**Address of Primary Caretaker:** [Click here to enter text.](#)

**Reporter's relationship to Child:** [Click here to enter text.](#)

**Additional person (and contact information) who can be contacted if you, the reporter, are not available and additional information is needed:** [Click here to enter text.](#)

*If you are the designated reporter for your agency (i.e. school counselor, law enforcement dispatch...), please indicate the primary staff-person in your organization who has firsthand knowledge of the suspected child maltreatment and/or knows the child and family. DFCS's ability to speak directly with those having firsthand knowledge of the suspected child maltreatment and/or knows the child and family is critical for assessment of short- and long-term safety and well-being of the alleged victim child.*

**Name, Contact Information and Best Time to Reach Staff-person with firsthand knowledge of child/family:** [Click here to enter text.](#)

**Family Name/Who has custody of child(ren):** [Click here to enter text.](#)

**Mother's Name:** [Click here to enter text.](#) **RACE:** [Click here to enter text.](#) **DOB:** [Click here to enter text.](#)

**SSN:** [Click here to enter text.](#) **Alleged Maltreater:** [Click here to enter text.](#)

**Mother's Residence:** [Click here to enter text.](#)

**Mother's Employment:** [Click here to enter text.](#)

**Mother's Telephone Number:** [Click here to enter text.](#) **Marital Status:** [Click here to enter text.](#)

**Father's Name:** [Click here to enter text.](#) **RACE:** [Click here to enter text.](#) **DOB:** [Click here to enter text.](#)

**SSN:** [Click here to enter text.](#) **Alleged Maltreater:** [Click here to enter text.](#)

**Father's Residence:** [Click here to enter text.](#)

**Father's Employment:** [Click here to enter text.](#)

**Father's Telephone Number:** [Click here to enter text.](#) **Marital Status:** [Click here to enter text.](#)

**Language:** [Click here to enter text.](#) **ALT Contact Info:** [Click here to enter text.](#)

If a school reporter, please indicate all Emergency Contact information on file with the school and date this information was obtained from family: [Click here to enter text.](#)

CHILDREN

Child's Name	Victim	Sex	Race	DOB	SSN	Grade Level

OTHER HOUSEHOLD MEMBERS:

Name	Relationship to Primary Caretaker	Language	Marital Status	Race	DOB	SSN	Maltreator

OTHER ADULTS OF SIGNIFICANCE NOT RESIDING IN HOME:

Name	DOB	SSN	Relationship to Primary Caretaker	Language	Marital Status	Race	Address/Phone number	Maltreator

*Would you like to be notified if an investigation is completed and whether abuse is substantiated or unsubstantiated? Please indicate Yes \_\_\_\_\_ or No \_\_\_\_\_*

**Is the either parent/guardian active military?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Location/Station (if yes):** [Click here to enter text.](#)

**Does the child and/or parent/primary caregiver have, or is believed to have, American Indian heritage?**

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

**Tribe Information (if yes):** [Click here to enter text.](#)

**To your knowledge, has anyone in the home either recently or currently been ill or running a fever?**

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

The following information is critical to ensuring that we respond appropriately to this report of suspected child maltreatment. The importance of you supplying as much and as detailed information as possible for each of these areas cannot be stressed enough. (The sections will expand to accommodate as much information as you enter.) Please provide the following information in the Narrative section below:

**Please tell how the maltreater neglected or abused the child.** [Click here to enter text.](#)

**How has the neglect or abuse harmed/affected the child?** [Click here to enter text.](#)

**How do you know this information?** [Click here to enter text.](#)

**When did this abuse or neglect last occur?** [Click here to enter text.](#)

**Is this likely to occur again?** [Click here to enter text.](#)

**Is this child in any danger now?** [Click here to enter text.](#)

**Does the maltreater have access to this child now?** [Click here to enter text.](#)

**Where is the child at this time?** [Click here to enter text.](#)

**Family supports, worker safety concerns, or other comments:** [Click here to enter text.](#)

## **APPENDIX I: Additional Information Regarding Forensic Interviews and Evaluations**

Forensic interviews and evaluations are conducted in a sensitive and unbiased manner that will support accurate and fair decision-making in the criminal justice and child protection systems. Forensic interviews are developmentally, culturally, and linguistically appropriate and allow for the child's narrative recall of events.<sup>131</sup> They are also conducted in a legally defensible manner, as no leading or suggestive questions are asked, and are video recorded. Additionally, they are designed to overcome potential legal obstacles related to the competence and objectivity of the interviewer; the quality of the interview; a child's developmental stage and varying ability to recall events and use specific language; and the impact of the trauma on the child.

In general, a forensic interview is most appropriate for children aged 3-17 or 18 and over if the child is still in high school who have either 1) suffered physical abuse with injuries, severe negligence, emotional abuse, sexual abuse, or sexual exploitation<sup>132</sup>, or 2) witnessed any type of violence including, but not limited to, domestic violence, rape, or murder. A forensic interview is likely appropriate when a child has made a disclosure regarding abuse; has medical evidence of abuse; or exhibits behaviors suggestive of abuse. Forensic interviews may also be appropriate based on special circumstances that may include young adults disclosing abuse that occurred during childhood, or adults with special needs who may have experienced abuse or exploitation. Children who are insufficiently verbal for an interview but who present with medical evidence of sexualized behaviors should be referred for multi-disciplinary review.

Forensic evaluations are a series of forensic interviews (between 2-6 sessions, typically as dictated by the needs of the child) and may be planned from the beginning or decided upon the initial forensic interview. Forensic evaluations may be warranted/appropriate/necessary when a child was unable to complete the initial forensic interview and needs additional time or to fit a particular child's needs to engage/participate, which may be related to age, social/emotional/physical functioning, developmental/cognitive abilities or other special needs, ability to communicate, being multi-lingual and/or requiring an interpreter; multiple allegations, offenders and/or types of victimization, such as CSEC victims, long-term victims, or poly-victims; for those who have been severely traumatized; when the outcome of the initial forensic interview is inconclusive; or other reason when information could not be fully or effectively gathered in the single session. Forensic evaluations may also be needed when the child did not disclose abuse to investigators or during the initial forensic interview but there are other such concerning indicators or factors strongly suggesting possible victimization, such as sexualized behaviors, medical evidence or findings, statements of other children and/or adult witnesses, pornography, or access by known offender; child didn't disclose to investigators or during the initial forensic interview but allegedly disclosed to some other person; the child disclosed additional information following the initial forensic interview or indicated the reason he/she could not disclose; external evidence or corroboration emerges; prosecution and/or child protective decisions cannot be made based on the initial forensic interview results; or due to changes in the situation/circumstances.

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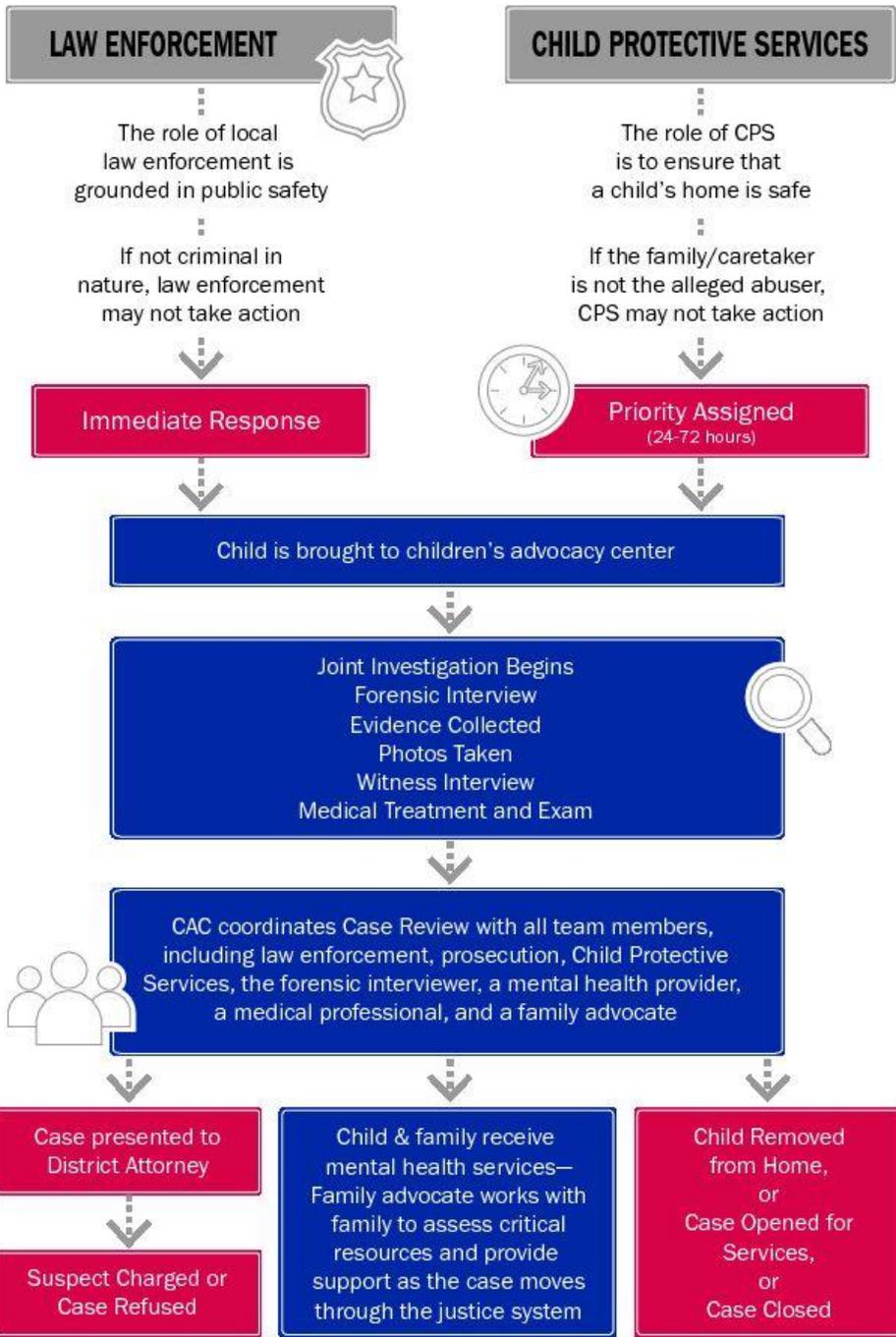
<sup>131</sup> Regardless of the number of sessions, best practice indicates that forensic interviews are: linguistically appropriate; purposeful in nature (a valid reason can be articulated for conducting more than one interview); forensically sound; non-duplicative; neutral and objective; child-friendly; child-focused; developmentally appropriate; and culturally competent.

<sup>132</sup> Although normally best practice suggests that children should have a forensic interview as soon as possible, interviews with children who have been sexually exploited may require an interval of time to assess their readiness to be interviewed. More than one forensic interview, or a forensic evaluation/extended forensic interview, may be required due to dynamics related to exploitation. The format and dynamics of interviews involving sexual exploitation may differ from sexual abuse cases due to additional special considerations such as: a history of sexual abuse, physical abuse, neglect and/or domestic violence in the home; victims not identifying themselves as victims; victims having a strong distrust of authority; victims fearing for the safety of their families or others due to threats made by their exploiter; and victims rejecting any outreach that is perceived as condescending.

# HOW DOES THE CHILDREN'S ADVOCACY CENTER MODEL WORK?

 Core Function of CAC

 Function Provided by a Team Member





## BACK TO BASICS: INVESTIGATING CHILD HOMICIDE

### THE CHILD ABUSE PROSECUTION PROJECT'S BACK TO BASICS SERIES

The Association of Prosecuting Attorneys' Child Abuse Prosecution Project is pleased to offer its Back-to-Basics Series, a "to-do" list for both new and experienced child abuse prosecutors and their multi-disciplinary teams.

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To join our mailing list or for more information, please contact us at [info@apainc.org](mailto:info@apainc.org)



**GOLDEN RULE:** Every child fatality could be the result of child abuse. Proceed with each incident as if it were a homicide. Failure to do so could result in the loss or degradation of crucial evidence that could be used down the line to prosecute the case.

### Arriving at the Scene

First Responders (Fire Department, EMTs, Paramedics, Patrol Officers, etc.)

First responders should keep the following in mind when arriving on scene:

**Who** was in the house when you arrived? Who was with the child at the time of the reported event? Who discovered the child? Note the demeanor of the caregivers.

**What** did the child look like when you arrived? What was the child wearing? Were there marks or injuries on the child prior to resuscitation? What happened? Obtain details. What did the caregiver do after the event or after finding the child?

**When** did the reported event or trauma happen? When was the child last seen active and well? When was the child last seen alive? Note that these are two distinct questions.

**Where** was the child located when you arrived? Where was child found by caregiver? Inspect for blood, vomit, feces, bottles, etc. nearby. Be observant about the environment around the child - are there any drugs/drug paraphernalia, could the child have accessed medications or toxic substances?

**Why** did the caregiver/other call 911? If delayed, who was the first person called? Why was there a delay?

**How** exactly was the child injured (if caregiver reported an injury)? Was the injury witnessed? By whom?

### Information First Responders Should Get from Caregivers

- **Obtain basic information about the child**
  - Age
  - General health
  - Any medical problems (chronic diseases, recent illnesses, hospital visits, etc.)
- **Get a narrative** from when the child was last seen healthy to when the child was in this state
- **Obtain basic information about all of the child's caregivers** and their relationship to the child

### Documentation of Your Involvement

- Document what you **did** at the scene
- Document what you **observed** at the scene
- Document what you did **NOT observe** at the scene if it seems relevant
- Document **what the caregivers told you**
- Make sure that you **do not move or remove** anything from the location

## Investigation

Investigators (law enforcement agencies--police, sheriffs, DAs; child protective services; coroner/medical examiner's investigators)

### Crime Scene

- Patrol officers need to preserve the scene for other investigators
  - Ensure no one is contaminating the crime scene or removing evidence
  - Log who came in when and where
- Do you need a search warrant?
  - Consult with the prosecutor's office to determine the scope of the warrant and items to be seized
- Document the scene
  - Take photographs/videotape the scene before moving anything or removing evidence
  - Take measurements
  - Seize any evidence potentially relevant to the crime, including:
    - Dangerous instruments, such as
      - Belts
      - Blunt objects
      - Sharp instruments, etc.
    - Bloodstained materials
      - Clothing
      - Rags
      - Diapers
    - Bedding
    - Clothing child was wearing at time of incident
    - Baby bottles
    - Drugs/paraphernalia
    - Medications
- Document what you did **NOT observe** at the scene if it seems relevant
- Document **what the caregivers told you**

**PRO TIP:** Interviews done within hours of the child's discovery can be vital to the outcome of cases. You need to establish a timeline and who had exclusive access to and control of the child. These interviews should help you identify the responsible party/parties and assist in ruling out other caregivers or responsible parties.

## Interviews

### Parents and Caregivers

- Meet with caregivers separately
- Establish narrative about what happened from caregivers
  - Establish a precise timeline (hour by hour) for the last 24-48 hours or from the time that the child was last known to be well. For the purposes of this timeline, establish:
    - When was the child last seen well?
    - What was the child's sleep/nap schedule?
    - What were the child's hour-by-hour activities? Get as many details as possible.
      - What did the child do? Watch TV (what was on)? Play games (which games)?
    - What did the child eat? What time were meals?
    - Did the child complain of anything?
    - What did the caregiver(s) do during the last 24-48 hours?
    - Ask the caregiver to identify all individuals who visited the home or saw the child over the last 24-48 hours.
    - Determine whether caregiver has cell phone and/or computer. Try to obtain all passwords and determine whether written consent or search warrant is required (see *Technology and Records* section below)
    - Ask the caregiver if there was prior CPS/ACS involvement

- Establish a timeline (day by day) for the last week:
  - Where has the child been within the last week?
  - Who did the child see? Did the child visit any relatives? Day care? Neighbors?
  - Did the child stay or spend time with any friends or relatives outside the home?
  - Was the child in the care of any other adults during the week?

#### **If the caregiver provides a history of trauma or injury:**

- Establish precise details of the trauma or injury.
  - **Where** did the injury occur? At home? Playground? Etc.
  - **Who** was at the scene at the time of the injury? Who was with the child at the time of the reported injury? Was the injury witnessed? Who discovered the child?
  - **What** happened? What did the child look like? Did the trauma result in any visible marks or injuries? Where on the child's body? Did the caregiver treat the injuries in any way? What happened after the injury? Get a medical history of the child as well (was the child premature? Any medical issues at birth? When was last doctor's visit and what was the reason? Etc.)
  - **Did** the caregiver dial 911? When? If delayed, why? Who did they call first?

#### **If there is a potential smothering/suffocation or no evidence of trauma and the child dies suddenly, determine the following:**

- When was the child last seen alive?
- Where was the child put down? Were there blankets or pillows or anything around the child?
- What was the child wearing?
- What position was the child in when found?
- What position was the child put down in?
- What did the caregiver do in response to finding the child? CPR? Etc.
- Who did the caregiver call?
- Do recorded video reenactment with caregivers (consider using a doll for reenactment).
- Has the parent/caregiver ever had a child die suddenly and unexpectedly? If yes, obtain all applicable information.

#### **Other Individuals**

- Interview everyone else who had access to the child
- Interview everyone else who had knowledge of the child
- Interview all relatives
- Interview neighbors
- Interview day care, nannies, etc.

#### **Establish Exclusive Custody**

- Identify and interview all caregivers
- Obtain detailed information from each interviewee
- Compare interview data with medical data by reviewing with medical experts
- Determine the timeframe of injuries from your expert
- Make sure that the investigation includes accounting for anyone else who might have cared for the child during that time period - eliminate them as a possible source of any injuries the child may have sustained

## Professionals Involved with the Case

### Child Protective Services

- Have they been contacted? If not, immediately notify them
  - If your jurisdiction has a critical incident protocol for the Multidisciplinary Team (MDT), initiate immediately
- Identify and contact assigned CPS worker at beginning of investigation
  - Inquire and obtain information about current investigation
  - Collaborate on current case including providing information that would assist their investigation
  - Prior history and involvement, including domestic violence and child abuse
- Obtain records for current and all previous cases
- Maintain continuous communication with agency throughout investigation

### Medical Professionals

- Talk to medical provider(s)
  - First responders/EMTs/Paramedics/Ambulance workers
  - Emergency department providers
  - Pediatrician (hospital providers and primary care physician)
  - Attending physician caring for the child and other relevant specialists
  - Nurses
  - EMS
  - Hospital social worker
- Obtain the following information:
  - What injuries were identified by the clinical physicians?
  - What medical diagnoses were made by the clinical physicians?
  - What is/was the leading diagnosis made by the hospital provider?
  - What is the basis of this diagnosis?
  - Are there other potential diagnoses (i.e. what are other potential causes for these injuries) and what rules these out?
- Obtain all medical records
  - Birth records, including mother's prenatal records
  - All pediatric medical records, including well and sick visits, ED and urgent care visits
  - Hospital records (including previous hospitalizations)
  - Radiographs, including skeletal surveys, CT and MRI scans, and other x-rays
  - Laboratory records
- Identify the following information:
  - Determine whether the child had any underlying medical problems.
  - Was the child healthy or ill in the days or weeks leading up to death?
  - Was the child seen by any providers in the days or weeks leading up to the child's death?

### Medical Examiner/Pathologist/Coroner

- Detective/investigator must attend autopsy
- Assigned prosecutor should attend autopsy, if possible
- Provide ME/pathologist/coroner with all medical records, including hospital, primary care, and birth records
- Speak to ME/pathologist/coroner about initial clinical findings obtained from clinical physicians, including pending results from the hospitalization
- Speak to ME/pathologist/coroner about their initial findings and interpretations
  - Review photographs, slides, x-rays with ME/pathologist/coroner
  - Discuss possible causes of death and additional testing required and/or pending
- Determine and provide additional information that would assist with the ME/pathologist/coroner's final conclusions
- Facilitate visits to the location where the child died for ME/pathologist/coroner
- Should the ME/pathologist/coroner give an opinion that seems contradictory to the investigative information or to common sense, ask them to provide authoritative and credible medical evidence to support their opinion.

**Pro Tip:** In addition to the treating physicians and pathologists, determine whether your case requires other medical experts to evaluate and provide assistance/testimony. Potential experts include child abuse pediatricians, neurologists, toxicologists, burn specialists, ophthalmologists, odontologists, or others.

## Technology and Records

- Obtain and listen to all 911 calls
- Identify the sources of technology that are likely to contain evidence, including: cell phones, computers, email accounts, cloud storage, text messages, digital photographs, social media accounts, cell phone geolocation, surveillance footage/nanny cams
  - Identify the specific carriers/companies responsible for the records of these resources
  - Send letters of preservation to all potential companies with identifying information to request they preserve records while you prepare formal process
- Seek appropriate search warrants/court orders/written consent from owner of device (i.e. cell phone, computer, etc.)
- Run criminal, domestic incident reports, and child abuse history searches for all relevant parties
- Run the address and prior addresses to determine if the police department had previous contact with that family

## Once You Have Identified a Suspect

- Preparation is essential before conducting a suspect interview
  - Review case file and all available information
- As with all criminal cases, this is a search for the truth
- Great deliberation should be given to timing and specifics of conducting the suspect interviews
  - Do not interview potential suspects until you have a command of the facts and have spoken to the medical professionals
  - Determine which investigator/prosecutor is in the best position to get the most information from the suspect
  - Ensure entire interview session is videotaped
- One must get a detailed account of the suspect's narrative and compare that narrative to the other information obtained during the investigation
  - That includes speaking to the medical professionals to see if the suspect's narrative of events explains the medical findings
  - Do a taped reenactment of what happened using a doll
  - Compare the suspect's narrative to other witness interviews
  - Compare the evidence collected, including the technological data, to the suspect's narrative
- Do not arrest or authorize an arrest prematurely
  - Speak to the medical professionals and other members of the MDT
  - Consult with national and regional organizations for guidance and technical assistance
  - Any arrest decision should be made after careful deliberation and discussion between investigator and prosecutor

**REMEMBER:** These are challenging cases and not every case can be proven beyond a reasonable doubt. Communication, collaboration, attention to detail, and thorough investigation provide the best opportunity for determining the truth and obtaining justice.

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# **Mountain Judicial Circuit Protocol for Responding to Victims of Sexual Assault**

Revised December 2025

Recommended Guidelines for  
Victim Support Services  
Law Enforcement  
Sexual Assault Examination and Evidence Collection Prosecution

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(Mountain Judicial Circuit)

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## Chapter 1

### Introduction

#### I. Purpose of the Protocol

This document is an updated protocol from 2007 and was compiled at the behest of Rusty Smith, Chief Judge Superior Courts, Mountain Judicial Circuit in response to Senate Bill 457, signed into law in July 2004, and House Bill 1297, signed into law in 2008.

In 2008, House Bill 1297 amended Chapter 24 of Title 15 and Title 17 of the Official Code of Georgia Annotated, relating to sexual assault protocol and criminal procedure, respectively, so as to afford greater protection to victims of sexual crimes; to change provisions relating to sexual assault protocol; to provide that failure to follow the sexual assault protocol shall not preclude the admissibility of evidence; to provide for preservation of evidence; to allow victims of certain sexual offenses to have the right to free forensic medical examination even if the victim refuses to otherwise cooperate with law enforcement; to allow victims of certain sexual offenses to refuse requests for polygraph examinations or other truth-telling devices; to allow the Criminal Justice Coordinating Council to waive subrogation under certain circumstances; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

This Document was revised in May 2014, May 2017, May 2019, December 2021, December 2022, December 2023, December 2024 and now in December 2025.

The purpose of the protocol shall be to ensure coordination and cooperation between all agencies involved in sexual assault cases so as to increase the efficiency of all agencies handling such cases and to minimize the stress created for the sexual assault victim by the legal and investigatory process; provided, however, that a failure by an agency to follow the protocol shall not constitute an affirmative or other defense to prosecution of a sexual assault, preclude the admissibility of evidence, nor shall a failure by an agency to follow the protocol give rise to a civil cause of action.

**O.C.G.A. § 15-24-2** (as **amended**) directs each judicial circuit under the auspices of the Chief Superior Court Judge in Georgia to establish a sexual assault protocol to:

- Facilitate the provision of consistent, comprehensive, sensitive and non-judgmental treatment of victims of sexual assault as they progress through victim services, health and criminal justice systems
- Standardize the collection of evidence
- Develop a coordinated effort among allied professionals to ensure that victims receive efficient and comprehensive medical care, evidentiary examination, emotional support and referral information

The protocol should be used by health care providers, including hospitals, all branches of law enforcement, including prosecution, and programs which assist victims. An emphasis in this protocol is upon letting a victim regain control over decisions by letting that victim choose which services are needed.

## II. Organization of the Protocol

The protocol is organized into six sections: (1) Introduction; (2) Victim Support Services; (3) Law Enforcement Response; (4) Sexual Assault Examination and Evidence Collection; (5) Prosecution; (6) the Appendices. A check list summarizing procedures for victim support services, law enforcement response, and prosecution sections can be found in the Appendices.

## III. Persons Covered

Victims of adult sexual assault are female and male, age 18 and older. Victims of sexual assault may be sexually assaulted by strangers, acquaintances, family members, friends, intimate partners, or spouses.

"Sexual assault" means rape, sodomy, aggravated sodomy, statutory rape, child molestation, aggravated child molestation, sexual assault against a person in custody, sexual assault against a person detained in a hospital or other institution, sexual assault by a practitioner of psychotherapy against a patient, incest, bestiality, sexual battery, and aggravated sexual battery as those terms and offenses are set forth and defined in Chapter 6 of Title 16; as defined in O.C.G.A. 17-5-70 (as amended).

In Georgia, there is no one law applicable to the crime of sexual assault. Rather, there are a number of laws that refer to rape, sodomy and aggravated sodomy, statutory rape, sexual battery and aggravated sexual battery, and child molestation and aggravated child molestation. See Appendix for definitions and comparisons of sexual offense statutes.

This protocol covers adult victims of sexual assault. These are defined as being 18 years old or older.

## IV. Sensitivity to the Needs of the Victim

Ensuring that sexual assault victims will be treated with sensitivity and compassion requires that victim services, law enforcement, medical, and prosecutorial personnel be made aware of the special needs of these victims. Since there is no "typical response" to the trauma of sexual assault, it is important to understand the many and varied ways victims may react to this particular crime and the issues surrounding sexual assault that may influence their reactions.

Victims of sexual assault, like victims of other crimes, not only must cope with the physical trauma perpetrated against them, they also must deal with the emotional and psychological repercussions of the assault. However, because sexual assault, unlike other crimes, is such a complete and violent violation of the most intimate parts of a person's self, the emotional and psychological repercussions of a sexual assault can be devastating.

While victims of sexual assault may feel guilty, frightened, ashamed, dirty, angry, anxious, embarrassed or any number of other emotions, it is important to remember that there is no "typical" way for victims to feel, react, or look after a sexual assault. Some sexual assault victims may appear to be calm while others may look visibly upset or enraged. Agency

personnel must unlearn any presumptions they may harbor about how they believe a "true" victim of sexual assault will look or act and learn to accept and support all sexual assault victims. This includes learning to accept and support sexual assault victims of every age, race, gender, or sexual orientation.

Anyone responding to a victim of sexual assault should make the same inquiries of all victims, and offer the same level of support without discrimination or bias.

Victim confidentiality should be strictly protected. Professional staff should make direct inquiries of the victim regarding how to address the disclosure of confidential information. Assumptions should not be made concerning whether it is safe to disclose information to family, friends, employer, or news media about the assault or the victim's sexual preference. Any documentation should be undertaken with sensitivity to the potential for long-term negative impact on a victim.

## V. Prosecution of Cases

While recognizing the importance of the victim's cooperation to the successful prosecution of an alleged perpetrator, the Georgia Sexual Assault Task Force expects that prosecutors will consider each case carefully before deciding whether or not to prosecute the case. Sexual offenses are very serious crimes and every effort should be made to bring the alleged perpetrator to justice, with or without victim cooperation.

## VI. Reporting requirements

There are two laws which relate to the reporting of sexual assault and/or sexual abuse O.C.G.A. 31-7-9 (as amended) and 19-7-5 (as amended) and two other laws designed to protect elderly persons who may be victims O.C.G.A. 30-5-4 (as amended) and 31-8-80 (as amended).

### A. Reporting of Sexual Assault and/or Sexual Abuse

O.C.G.A. § 31-7-9 (as amended) Reports by physicians and other personnel of non-accidental injuries to patients; immunity from liability

O.C.G.A. § 19-7-5 (as amended) mandates the reporting of child abuse. A "child" is any person under age 18. Under this law, child abuse includes sexual abuse. O.C.G.A. 19-7-5 (as amended) is located in the appendices section.

### B. Protection of Elderly Persons

O.C.G.A. § 30-5-4 (as amended) Reporting of need for protective services; manner and contents of report; immunity from civil or criminal liability; privileged communications

O.C.G.A. § 31-8-80 (as amended) Long-term Care Facility Resident Abuse Reporting Act

Need for Consent of Victim for Medical Procedures

O.C.G.A. § 31-9-2 (as amended) O.C.G.A. § 31-9-7 (as amended) and O.C.G.A. § 31-17-7 (as amended) are laws that pertain to medical consent for medical procedures.

## VII. Criminal Law Update

- Definitions as used in the Chapter O.C.G.A. § 15-24-1 (as amended)

(1) "Protocol committee" or "committee" means a multidisciplinary, multiagency sexual assault committee established for a county pursuant to Code Section 15-24-2. The protocol committee is charged with developing local protocols to investigate and prosecute alleged cases of sexual assault.

(2) "Sexual assault" means rape, sodomy, aggravated sodomy, incest, sexual battery, and aggravated sexual battery as those terms are defined in Chapter 6 of Title 16.

- Sexual assault protocol; committee O.C.G.A. § 15-24-2 (a) (as amended)  
Each judicial circuit shall be required to establish a sexual assault protocol as provided in this Code section.
- Definitions as used in this Chapter O.C.G.A. § 17-5-70 (as amended)

(1) "Forensic medical examination" means an examination by a health care provider of a person who is a victim of a sexual assault. Such examination shall include a physical examination, documentation of biological and physical findings, and collection of physical evidence from the victim.

(2) "Investigating law enforcement agency" means the law enforcement agency responsible for the investigation of the alleged sexual assault.

(3) "Sexual assault" means rape, sodomy, aggravated sodomy, statutory rape, child molestation, aggravated child molestation, sexual assault against a person in custody, sexual assault against a person detained in a hospital or other institution, sexual assault by a practitioner of psychotherapy against a patient, incest, bestiality, sexual battery, and aggravated sexual battery as those terms and offenses are set forth and defined in Chapter 6 of Title 16.

- Preservation of physical evidence: O.C.G.A. § 17-5-71; 17-5-55 or 17-5-56 (all laws as amended)
- Forensic medical examinations: O.C.G.A. § 17-5-72 (as amended)
- Polygraph examinations or other truth-telling devices; refusal to submit; O.C.G.A. § 17-5-73 (as amended)
- Consent of minors for treatment of venereal disease; validity of consent; information to other persons: O.C.G.A. § 31-17-7(a) (as amended)
- HIV testing: O.C.G.A. § 17-10-15 (as amended)

- Medical examination costs: O.C.G.A. § 17-15-15 (as amended)

VIII. Crime Victims' Bill of Rights O.C.G.A. § 17-17-1 *et sec.* (as amended) and Victim Compensation O.C.G.A. § 17-15-1 *et sec.* (as amended)

What is Crime Victims Compensation?

Crime Victims Compensation assists eligible victims of violent crime with expenses that are incurred due to the victimization.

- Victim Compensation: O.C.G.A. § 17-15-2 (as amended) (Definitions as used in this Chapter.)

**O.C.G.A. § 24-5-509**

Communications between victim of family violence or sexual assault and agents providing services to such victim; termination of privilege

**O.C.G.A. § 17-5-74**

State-wide sexual assault kit tracking system

## Chapter 2

### Victim Support Services

Services to victims can be provided by sexual assault centers, victim assistance programs or agencies, crisis centers, or other agencies. These agencies can be non-profit or governmental. A community may have one or more of these agencies providing services to victims.

**(1) Sexual Assault Centers** may provide a 24-hour crisis hotline, crisis intervention and support, counseling or referral to counseling services, information and referral, accompaniment to the hospital and/or sexual assault center, support groups, advocacy for victims including support throughout the criminal prosecution, and assistance with applying for financial compensation through the Georgia Crime Victim's Compensation Program (as victim qualifications apply). Many of these programs provide training to allied professionals including, but not limited to public health, medical, law enforcement, legal and mental health on the impact of trauma, physical and emotional reactions and the range of needs of sexual assault victims. These services are provided to all victims of sexual violence without regard to when the crime occurred or if the victim plans to pursue the case legally. Sexual assault centers also may be involved in prevention education and public awareness activities in the community.

**(2) Victim Assistance Programs** may be located in the offices of prosecuting attorneys or law enforcement agencies. These programs provide information, support, and guidance for the victim throughout the criminal justice process including information regarding the status of the court case; information and explanation regarding criminal proceedings; a companion to attend court with the victim; emotional support; and referrals to counselors and other agencies. Assistance is also provided to a victim applying for financial compensation through the Georgia Crime Victim's Compensation Program.

**(3) A Crisis Center or other agencies** that have a 24-hour crisis hotline and are primarily crisis intervention services that also provides information and referrals.

Victim service agencies are involved at various points in sexual assault cases. Ideally these agencies should begin assisting victims at the time the assault is reported. Victim service agencies should work with all relevant agencies to form a continuum of care for victims. Unlike other agencies (i.e. law enforcement, medical, or prosecutor's offices) which serve victims at certain specific junctures in the case, many victim service agencies help victims from "start to finish." The following section includes a discussion of issues relating to victim service agencies and their involvement and coordination with other agencies which respond to sexual assault victims.

#### I. Initial Report of Sexual Assault

If an adult victim of sexual assault decides to report an assault, the victim should be allowed to decide whom to tell. Options include family members, guardians or caretakers, staff of law enforcement, a hospital or other medical facility, or an emergency crisis line operated by a sexual assault center or other crisis agency.

Victim service agencies, at the outset, often play dual roles of providing crisis intervention and acting as liaison with other agencies.

Victim service agencies should be involved at the earliest possible time after a report of sexual assault, no matter which agency receives the initial report.

## **II. Initial Response**

Whoever is contacted first by the victim should be concerned for the safety and well-being of the victim.

- With the consent of the victim, help identify and address the immediate concerns of the victim, e.g., is he/she in a safe place, are there family members or friends whom the victim wishes contacted, are medical care or transportation to the hospital needed, is clothing needed to wear home from the hospital
- Contact Sexual assault center
- Provide information to victims regarding the effects of destroying evidence, taking a bath, washing clothes
- Provide emotional support and crisis intervention to victim and his/he families
- Be present during medical exam and police questioning when appropriate
- Help arrange transportation to and from the hospital or medical facility or collaborate with law enforcement for transportation, if the crime is reported

For their own safety, and to avoid interfering with the investigation, victim advocates do **not** go to the crime scene unless requested by law enforcement. Victim advocates are not investigators or attorneys and do not investigate cases or give legal advice. The role of the victim advocate should be explained to the victim, and the advocate should make sure the victim is comfortable with the advocate continuing to provide services.

## **III. Coordination of Services**

Although several different agencies come in contact with victims at various stages after the assault is reported, victim service agencies are often considered the "hub of the wheel" for victims, providing consistent support and advocacy throughout the process.

Victim service agencies need to achieve an effective balance between advocating for victims and working within the parameters of the criminal justice system. Toward that end, victim service agencies may offer some or all of the following services (but are not limited to):

- Maintaining frequent communication with victims regarding the status of the criminal investigation and court proceedings

- Advising victims of procedures for payment of forensic portion of medical examination by the Georgia Crime Victims Emergency Fund as provided in O.C.G.A. § 17-15-15 (as amended).
- Helping victims complete compensation applications for non-reimbursed expenses resulting from the crime (such as medical, counseling, prescriptions, lost wages); or confirming application process has been initiated by another agency
- Notifying victims of all available services such as support groups, crisis intervention and advocacy, counseling, education
- Explaining the Victims' Bill of Rights, O.C.G.A. § 17-17-1 et sec (as amended), and how to request the various notifications (e.g., notices of bond hearing, release of defendant from incarceration, case status), and how to provide input during the case proceedings
- Helping prevent additional trauma or injury to the victim
- Encouraging and supporting victims to become active participants in their own case
- Offering support and assistance to the families of victims
- Protecting and ensuring the victim's privacy
- Deal with any problems encountered during the aftermath of the crime

Victim service agencies need the cooperation of many other agencies to provide information and support; thus, networking and maintaining effective lines of communication with law enforcement, medical, prosecutorial, criminal justice and other social service agencies are essential for victim service agencies to be an actual "hub of the wheel" for victims.

#### IV. HIV Testing

Testing the Victim: When working with a victim who expresses concern about possible exposure to HIV during the assault, victim service agencies should refer the victim to the appropriate physician's office and/or medical facility or health department for his/her testing.

Testing the Offender:

O.C.G.A. § 17-10-15 (as amended)

AIDS transmitting crimes; requiring defendant to submit to HIV test; report of results

#### V. STI Testing

Testing the Victim: When working with a victim who expresses concern about possible exposure to a STI during the assault, victim service agencies should refer the victim to the appropriate physician's office and/or medical facility or health department for his/her testing.

## Chapter 3

### Law Enforcement Response

#### I. Responding to Victims: The Role of Law Enforcement

Many sexual assault victims are severely traumatized as a result of their attack. This trauma, coupled with the intensely personal nature of the crime, often leaves victims reluctant, embarrassed or afraid to report the assault to the police. An understandable apprehension about police and court procedures may further increase victim reluctance to report the crime and cooperate with law enforcement.

Police officers and detectives play a crucial role in overcoming the psychological hurdles which confront a victim and then obtaining the victim's cooperation in the assault investigation. Since a victim's ability to cope with the crime and its aftermath may prove critical to the ultimate success of criminal prosecution, it is imperative that law enforcement agencies always treat the victim of sexual assault with the utmost compassion while skillfully guiding the victim's potentially uncomfortable journey through the criminal justice system.

Investigators must always remain sensitive to the individuality of each victim and the massive impact a sexual assault may have upon the victim and the victim's family and friends. An investigator should consider not only the particular assault suffered by each victim, but the victim's age, physical abilities, culture, socio-economic status, and sexual orientation.

This section was developed to maximize the probability across the state of Georgia, of providing consistently appropriate and sensitive treatment to victims and of successfully prosecuting the perpetrators of sexual assault. This is a model protocol, designed to be adapted by local communities. The protocol in no way diminishes the discretion of law enforcement in handling cases of sexual assault.

#### II. Complaint Reporting Procedures

The first report of a sexual assault is usually made by the victim to a dispatch or communications center of a law enforcement agency. Dispatch or communications staffers are critical in aiding the victim to regain control and composure after an assault. The staffers should remain calm, understanding and non-judgmental while speaking with any victim.

##### A. If the victim is the caller, then the dispatcher should:

- Obtain the victim's name and location immediately
- Determine if the victim is currently safe and whether or not the victim needs immediate medical attention
- Dispatch the appropriate law enforcement units and, if necessary, emergency medical help
- If possible contact the medical facility and have them notify the Sexual Assault Nurse Examiner (SANE) that a victim is being transported for medical attention, unless the situation is life threatening, or if other medical treatment is immediately necessary

- If medical attention is not being sought by the victim, the initial contact with the local sexual assault center will be the responsibility of the investigating officer
- Maintain an open line with the victim in order to assure the victim that help is coming, to instruct the victim not to wash, change clothes or disturb any potential evidence, and to determine where and when the attack occurred, the name or description of the assailant, the means used by the assailant to leave the scene, and the direction of flight
- If it is immediately apparent to the dispatcher that the victim is unable to discuss the assault, then the dispatcher should simply seek to keep the victim calm until help arrives.

### **B. If the victim is not the caller**

The initial complaint may be received after the assault from a person the victim has contacted, such as a family member, friend, neighbor or concerned citizen. The dispatcher should, through the caller, gather the same information previously described to assist the victim, while enlisting the help of the caller to keep the victim calm until additional help arrives.

### **C. Emergency Communications**

A record of calls, radio traffic and other communications pertaining to a sexual assault case may be preserved by the law enforcement agency receiving the complaint. The dispatcher may assist investigating detectives by making a copy of the calls, radio traffic and other communications immediately after the assault.

## **III. The Responding Law Enforcement Officer**

The first law enforcement officer to reach a sexual assault victim is usually a uniformed, or "street," police officer. This officer, as with others who investigate the case, should quickly develop a good rapport with the victim while initiating the gathering of evidence.

### **A. Immediate Response**

1. The responding officer should first address the victim's physical and medical needs. Emergency first aid should be offered, if necessary, while awaiting an emergency medical response unit.
2. The responding officer must also address the emotional needs of the victim by remaining calm, sympathetic and understanding. The needs of the victim must always precede the demands of the investigation.
  - To increase the victim's emotional comfort and security prior to a transfer to a medical facility, the officer should explain to the victim the actions anticipated on the victim's behalf, including a physical examination.
  - The officer will inform the victim of the usual medical provider(s) in the particular county. However, the victim may have another preference for medical care and that should be considered.

- A friend or family member of the victim may be requested to bring a change of clothing to the medical facility for the victim's use after the medical examination. However, in some medical facilities the local sexual assault center will have provided the necessary clothing.
3. The officer should arrange for the transportation of the victim to the appropriate medical facility. Where possible, a non-uniformed officer should transport the victim to the medical facility in an unmarked vehicle.
    - The officer should also ask the victim to refrain from washing, showering, brushing teeth, using a mouthwash, smoking, eating, drinking, douching, urinating or defecating to prevent the loss of valuable physical evidence. The evidentiary importance of preserving personal clothing and articles from the crime scene should also be explained.

*Even if a victim has already bathed or douched, the officer should nevertheless proceed to transport the victim to the appropriate medical facility.*

4. The responding officer, if time permits, may also ask the victim some questions about the sexual assault. Questioning should be conducted by a single officer, in the greatest privacy available, and questioning should be limited in scope to crucial information immediately needed by law enforcement:
  - Name or physical description of assailant
  - Unusual physical characteristics of assailant
  - Clothing of assailant
  - Method of flight (car, truck, on foot, etc.)
  - Direction of flight
5. If the crime scene is known, then the forensic, or identification unit of the law enforcement agency, should be notified as soon as possible that it will be needed at the crime scene and at the medical facility selected for the physical examination.
6. If the responding officer proceeds to the medical facility where the victim is taken, the officer should:
  - Remain at the medical facility until police detectives or investigators have arrived
  - Thoroughly brief the detectives on any information about the victim, the assault, the assailant, and the crime scene which the officer has obtained. These briefings should take place in a private setting where confidential information cannot be overheard by other patients or hospital personnel

## B. Delayed Reporting

If more than 72 hours have elapsed since the incident of sexual assault, and the victim contacts law enforcement, there is a possibility that some forensic evidence may remain up to five days in the victim's body or there may be evidence of tearing or other internal abrasions. For this

reason, the victim may be encouraged to seek medical care and to complete the medical evidence collection.

### **C. The Crime Scene**

1. No one, including the responding officer, should touch physical articles, including weapons, blood or any other potential item of evidence at the scene.
2. The victim's clothing and personal effects should be protected from all handling and contamination until forensic officers reach the crime scene.
3. The responding officer, with the assistance of other officers, should guard the scene from any intrusion until the arrival of forensic officers.
4. A crime scene access log should be maintained by crime scene officers listing the full name of every person, police and civilian, who comes to the scene.
5. When the forensic officers arrive at the crime scene, the responding officer should give the forensic officers all information available on the investigation and then, if requested, assist the forensic officers at the scene.

### **D. The Incident Report**

It is imperative that the responding officer provide an accurate and complete report detailing the officer's activity. The report should include:

1. The date and time of dispatch and arrival at the scene, the nature of the dispatch, the location, and a description of the scene.
2. The identity of the victim (or a description if identity is unknown), the victim's personal information including phone numbers and addresses for home and work, and the names, phone numbers and addresses of other persons who know the victim and who could be contacted if the victim could not be contacted.
3. A description of any injuries to the victim, of the clothing of the victim, and any damage to the victim's clothing or personal possessions.
4. A careful description of the victim's emotional state.
5. Actions taken on behalf of the victim.
6. Actions taken to preserve the crime scene.
7. Information learned about the sexual assault, including:
  - a) The exact location of the assault

- b) The approximate time of the assault
- c) Whether a weapon was used, and if so, what kind
- d) How the victim and the assailant came to the scene
- e) A description of the sexual assault
- f) The identity, if known, and complete description, including a clothing description and any other information obtained about the assailant from the victim or witnesses
- g) The means by which the assailant left the scene
- h) The assailant's direction of flight
- i) Any other information obtained from the victim
- j) The names, addresses and phone numbers of any witnesses identified by the victim or located by the police
- k) The statements of any witnesses interviewed at the scene
- l) The names of any law enforcement officers; including supervisors, detectives and forensic officers who came to the crime scene (access log) or medical facility
- m) Any other actions taken in the case
- n) The exact time the officer left the crime scene and, if applicable, the medical facility

#### **IV. The Medical Examination and Law Enforcement**

Law enforcement officers should not be present during the medical examination of the sexual assault victim. The sexual assault center provides trained advocates to support victims during the examination. Georgia Code section 35-1-2 does govern the collection and processing of evidence collected in the medical examination. This code section can be found in the appendix.

#### **V. The Investigator's Role in Sexual Assault Cases**

The chief investigator in a sexual assault case has the critical role in the successful prosecution of the case. The importance of obtaining an eventual criminal conviction, however, must be balanced against the necessity of protecting the victim's physical and emotional health.

##### **A. The Investigators Response**

An investigator will usually be summoned to the medical facility where the victim has been taken.

1. The investigator should respond immediately to the facility.
2. The investigator should obtain a thorough briefing from the responding officer(s). This briefing, as in all discussions of the case, should be conducted quietly and discretely.
3. Each officer who responded to the crime scene, had contact with the victim, or who came to the medical facility should be directed to file a detailed, written report on the case.
4. The investigator should conduct a thorough interview with the victim and should either write up the interview or audio tape it. During the initial contact, the investigator should:
  - Clearly identify himself/herself to the victim

- Verify the information obtained by the dispatcher and/or responding officer which may help the police locate the suspect
  - Make certain that the victim understands what is being done on the victim's behalf
  - Carefully note the emotional status and physical injuries of the victim for later inclusion in the case report
  - Inform the victim that a more detailed, thorough interview will be conducted at a later time
5. The investigator should confirm that:
    - Action is being taken by other officers to locate and detain the suspect
    - The crime scene, if known, is being protected and thoroughly processed by the forensics unit
    - Known witnesses are being interviewed
    - Chain of custody is maintained and photographs obtained or arranged for if needed
    - The emergency phone calls and records of police traffic in reference to the case are preserved by the communications department for later use
    - All evidence available at the medical facility, including the clothing of the victim, is held
  6. The investigator should consult with the victim advocate/counselor and any family members or friends of the victim to explain the actions being taken by the police and to seek their cooperation and assistance in future contacts with the victim.
  7. The investigator should arrange transportation home or to a safe location selected by the victim.
  8. If appropriate, the investigator should assure that information about the suspect has been sent to other law enforcement agencies.
  9. The investigator should verify that all the evidence obtained at the medical facility is correctly inventoried and prepared for transfer to the crime lab.

## **B. The Follow-up Interview**

### **1. . Preparation for the Interview**

After a sexual assault has occurred, an in-depth interview with the victim should be conducted within 24 hours, though it may take place within a week. The victim's physical and emotional health must remain paramount, and the interview should be held when the victim is no longer in crisis.

- a) The interview should be held in a comfortable, private setting. A location should be selected which permits both visual and sound privacy, free of unnecessary interruptions.
- b) Accommodation should be made if the victim requests the presence of a victim advocate, relative or friend or needs an interpreter.
- c) The interview should be audio or video recorded in order to:

- Document the details of the interview
- Preserve the interview to permit other authorized persons to hear the victim's account without requiring additional interviews
- Permit the presence of other persons, such as victim advocates, to be present at the interview

## 2. The Interview

- a) The investigator should be professional, compassionate, understanding and non-judgmental during the interview. The necessarily intimate communications with the victim demand tactful and sensitive questioning.
- b) The investigator must remain aware at all times that the victim may have suffered psychological trauma far worse than any physical injury. Many victims experience a shock and anxiety which persists for hours, days, and even months after being attacked. Insensitivity to the victim can cause additional psychological harm to the victim and severely damage the investigation by diminishing the victim's willingness to cooperate with law enforcement. Conversely, a sensitive, caring investigator can bolster the victim's confidence and self-esteem and increase the victim's desire to assist with the investigation.
- c) The investigator's role in connection with the investigation should be clearly explained to the victim. The victim should be informed why certain very intimate, perhaps embarrassing, questions must be asked, particularly about the assault itself. The victim should be assured that the investigator understands the difficulty of the interview and is more than willing to conduct the interview at a pace comfortable for the victim.
- d) The investigator should use language that is readily understood by the victim. To the extent possible, the investigator should use the same terms, including slang, as the victim in order to build rapport with the victim and increase valuable communication. If slang terms are used, the interviewer should use the terms unhesitatingly and without embarrassment.

Certain questions and inquiries are never appropriate. For example, victims should not be asked "did you enjoy it?" or "did you have an orgasm?".

- e) The investigator should let the victim narrate what happened, in the victim's own words. Then follow-up questions can be asked **with the investigator explaining to the victim why those questions need to be asked**. The interview should be as thorough as possible. Inquiry areas should include:
  - The victim's prior relationship (if any) with the assailant
  - Prior sexual history with the assailant, if any
  - The details of the forced sexual act(s)
  - The assailant's modus operandi
  - The assailant's clothing
  - The assailant's appearance including marks, scars, tattoos, deformities, or unusual physical features or body odors
  - The assailant's means of restraining the victim

- The victim's response to the attack, including any verbal or physical resistance
- The victim's state of mind during the attack
- The use of threat of weapons
- What the assailant said to the victim, including threats and instructions
- The names and descriptions of any other witnesses, participants or accomplices

### 3. **Post-interview Follow Up**

- a) The investigator should provide the victim with information about the Victims' Bill of Rights and should encourage the victim to seek support from family, friends, and victim advocacy groups.
- b) After the interview has been concluded, the detective should obtain any additional physical evidence, such as photos, needed from the victim. The possible need of additional steps in the investigation, including composite drawings, photographic or live line-ups, should be explained.

### 4. **Victim Follow-up**

During the investigation of the sexual assault, and after the arrest of an assailant, the chief investigator or detective has a continuing responsibility to interact with the victim by:

1. Informing the victim when an assailant has been arrested.
2. Informing the victim of future investigative and prosecutorial activities on the case, including those which might require the victim's involvement.
3. Maintaining contact with the victim to ensure that appropriate support services are available.
4. Working with prosecutors and victim advocacy agencies to develop the case and familiarize the victim with court practices and procedures.

### **D. The Case Report**

The chief investigating officer in a sexual assault case has the crucial responsibility of compiling all the information learned throughout the investigation. This compilation, the case report, will be the main source of information for the prosecutors handling the case. Therefore, it is imperative that every effort is made to be as thorough, accurate and informative as possible in building the report.

## **Chapter 4**

### **Sexual Assault Examination and Evidence Collection**

#### **I. Adults**

A Sexual Assault Examination and Evidence Collection form, which follows this narrative, is intended to be used as a guide for examining and treating adult victims of sexual assault and for collecting evidence related to a sexual assault. It may be used in place of, or in addition to, an existing medical protocol. It is designed to be used in a variety of settings, for example, in a hospital emergency room a physician's office, or a sexual assault center that is able to conduct a medical examination and collect the forensic evidence. Forms may be adjusted to meet the individual needs of the facility performing the examination and evidence collection. (Sample form in appendix)

#### **II. Special Populations of Victims**

Beyond the normally sensitive care provided to any victim of sexual assault, special care should be observed (and special training may be required) when the victim falls into one or more of the following categories: elderly adults, physically or mentally disabled adults, male adults, those assaulted by an intimate partner, and those who present for examination more than 72 hours after the assault.

Collection of physical evidence more than 72 hours after a sexual assault must be guided by the particulars of individual case histories. Although there is a possibility that some forensic evidence may remain up to 10 days in the victim's body, the potential to identify spermatozoa is considerably diminished or even negated with this extensive time period. For instance, using current technology, it would not be possible to do a DNA profile of any remaining semen. The better evidence in this situation would be an undergarment or other clothing worn immediately following the assault. These items may also be needed in cases where sperm samples from swabs are not sufficient in quantity for DNA analysis. The case officer should be contacted to ascertain and coordinate the need for collecting patient's clothing in such cases.

#### **III. The Medical Examination**

Counseling or crisis intervention and advocacy are provided by those trained and able to give it, such as a sexual assault center staff and volunteers or other professionals available at the medical facility. Emotional support is provided by any person coming into contact with the patient.

The patient is triaged and screened medically, and registered in the health care facility. The patient is informed that in Georgia the health care facility is required to notify law enforcement of all non-accidental injuries. However, it is the survivor's decision whether to report the crime and cooperate with an investigation. Patients may be asked to sign an initial set of consents. The consent of patients is not only required by law, it is also one way to recognize and help them regain their sense of dignity as persons and to aid their transition from the status of victim to that

of survivor. If necessary, emergency medical care is provided. Counseling and emotional support are always provided.

The health care professional informs the patient about the nature, duration, and sequencing of the medical examination and the collection of forensic evidence.

In order to preserve the patient's dignity and confidentiality, it is important to discuss these matters in a private office or secluded space with a counselor or other person present to support the patient. After informing the patient concerning what is to follow, additional consents are obtained, a secondary assessment is performed, and the history of the patient and the assault are taken. Note that while it is important to document the history of the patient and the assault as completely as possible, the examiner should not inquire about or document irrelevant aspects of the patient's sexual history.

Special care should be taken to advise the patient of the implication of the HIV testing. In order to maintain anonymity, the patient may be asked to consider obtaining these tests through the public health department and/or a medical facility. Provide information to victims on how to protect consensual sex partners against the possibility of HIV transmission.

Any forensic evidence collected within hours of an assault should be documented in the Georgia Bureau of Investigation /Division of Forensic Sciences Sexual Assault Evidence Collection Kit (GBI/DOFS). The findings of the exam should be documented completely, noting injuries on the relevant anatomical diagrams. After the examination and evidence collection are completed, the examiner should check the labeling of all evidence, and package it as instructed in the assault kit. Deliver the assault kit and (with the consent of the patient) a copy of the medical record to a law enforcement official. The official should sign for this material, establishing a "chain of evidence."

Georgia Code 35-1-2, Examination of Sexual Assault Victims: reports places mandatory restrictions on the processing of kits and the notification rights of the victim with respect to the kit processing and results. This code section can be found in the appendix.

Aftercare instructions and education are also provided at this time. The patient should be strongly encouraged to follow-up with subsequent treatments and to utilize supportive individuals or groups in the community who offer services to victims of sexual assault. Any literature on or by these individuals or groups may be provided at this time. Counseling and emotional support are continued, though this support may shift to other providers.

## Chapter 5

### Prosecution

#### I. Victim Expectation and the Role of the Prosecutor

Sexual assault victims have been subjected to one of the most traumatic experiences possible. They expect that the prosecutor will represent their interests in what they perceive to be their case. Prosecutors, on the other hand, do not have the primary responsibility to represent the personal interests of a victim. Their constitutional duty requires that they represent society as a whole in the State's cases. Because sexual assault victims see themselves as the aggrieved parties they also expect to participate in the decisions made concerning the processing of their cases. This dissonance caused by the tension between victim expectation and prosecutorial duty has been a source of conflict and concern.

This protocol does not advocate altering the level of discretion entrusted to the prosecutor. It does endorse consideration of victims' needs in the exercise of prosecutorial discretion. Sexual assault victims deserve to be informed about the reasons for decisions that may appear to be averse to their interests. It is likewise important that they be allowed some means of communicating their opinions and concerns within the criminal justice system. The following recommendations are made in an attempt to address these concerns.

#### II. Recommendations for Prosecutors in Working with Sexual Assault Victims

A. Prosecutors should assume ultimate responsibility for informing victims of the status of a case in accordance with the Crime Victims' Bill of Rights. This responsibility includes the following specific statutory requirements:

- Upon initial contact with a victim, a prosecuting attorney shall give prompt notification of the following:
  - The procedural steps in processing a criminal case
  - The rights and procedures of victims under the Victims' Bill of Rights
  - Suggested procedures if the victim is subjected to threats or intimidation
  - The names and telephone numbers of contact persons at both the office of the custodial authority and in the prosecuting attorney's office. **O.C.G.A. §17-17-1 (a) (as amended)**. A custodial authority is a warden, sheriff, jailer, correctional officer, employee at the Department of Corrections, or any other law enforcement officer having actual custody of the accused
- Whenever possible, the prosecuting attorney shall notify the victim prior to any proceeding in which the release of the accused will be considered. **O.C.G.A. §17-17-1 (c) (as amended)**
- Whenever possible, the prosecuting attorney shall offer the victim the opportunity to express an opinion on the release of the accused pending judicial proceedings. **O.C.G.A. §17-17-1 (d) (as amended)**

- If requested in writing by the victim and to the extent possible, the prosecuting attorney shall give prompt advance notification of any scheduled court proceedings and notice of any changes to that schedule. Court proceedings shall include, but not be limited to, pretrial commitment hearings, arraignment, motion hearings, trial, sentencing, appellate review, and post-conviction relief. The prosecuting attorney shall notify all victims of the requirement to make such requests in writing O.C.G.A. §17-17-1 (b) (as amended)
  - The prosecuting attorney shall offer the victim the opportunity to express an opinion on the disposition of an accused case, including the views of the victim regarding plea or sentence negotiations and the perpetrator's participation in pretrial or post-conviction diversion programs O.C.G.A. §17-17-11 (as amended)
  - Upon the written request of the victim, the prosecuting attorney shall notify the victim of the following:
    - That the accused has filed a motion for new trial or an appeal of the conviction
    - Whether the accused has been released on bail or other recognizance pending the disposition of the motion or appeal
    - The result of the motion or appeal O.C.G.A. §17-17-12 (a) (as amended)
  - In the event the accused is granted a new trial or the conviction is reversed or remanded and the case is returned to the trial court for further proceedings, the victim shall be entitled to request the rights and privileges provided by the Victims' Bill of Rights O.C.G.A. §17-17-12 (b) (as amended)
- A. Procedures compatible with a particular jurisdiction should be established by each prosecutor to ensure that the above statutory requirements are satisfied.
  - B. Prosecutors should charge and pursue to the fullest extent of the law defendants who harass, threaten, injure, or otherwise attempt to intimidate or retaliate against victims or witnesses.
  - C. Prosecutors should discourage case continuances once the State has completed its trial preparation. The new court date, as well as the reason for the continuance, should be explained to the victim.
  - D. Prosecutors office should establish and maintain direct liaison with victims and victim service agencies.
  - E. Whether following statutory requirements, complying with office procedures or making personal contacts, prosecutors must continuously be cognizant of the profound impact that the crimes of sexual violence have on both child and adult victims and their families.

## II. Suggested Criteria in Deciding Whether or Not to Prosecute

Although there is no set number or type of factors which must be present before a case involving sexual assault is deemed prosecutable, there are variables which should be considered in making this decision. These include, but are not limited to the following:

- Whether or not there is independent evidence of the assault, such as eyewitnesses, photographs of injuries, forensic evidence, or admissions of the defendant
- The availability and extent of cooperation of the victim
- What negative impact testifying would have on the victim
- The existence of a past history of assaults, whether charged or uncharged, by the defendant

#### IV. General Procedures for Handling Sexual Assault Cases

##### A. Initial Screening

After assignment, sexual assault cases should be reviewed by the prosecutor as soon as possible. The purpose of this initial screening is to determine the priority to be given the case and what additional investigation needs to be done in preparing the case for disposition. In conducting this initial screening, the prosecutor should consider the facts of the case and the following variables:

- The extent or seriousness of the injuries
- Use of gun or other weapon
- Defendant's prior criminal history
- Status of defendant's arrest
- Victim cooperation
- Presence and amount of information and evidence of the assault

As part of the initial screening, the prosecutor should make a diligent effort to contact the victim as quickly as possible. The following should be reviewed with the victim:

- It is the State, not the victim, which must determine what disposition is to be made of the case. This is particularly important in cases in which the victim's attacker is a family member or close friend
- The victim's sole responsibility is to testify truthfully in court regarding the incident
- The parties in the action are the State of Georgia and the defendant
- Where the victim knows the attacker, determine if the defendant and victim have talked since the incident and what was said
- Convey that the victim is not responsible for the defendant's behavior; the defendant bears that responsibility
- Encourage and support the victim
- Determine whether or not the victim has received the statutorily required notices and information
- Refer victim to those agencies which may be operating in the community to assist victims
- Never assume that defendant will use the most likely defense. Analyze the case and be prepared to meet unlikely defenses

If a victim relays information to the prosecutor about the incident, it is at the sole discretion of the prosecutor as to whether such information should be recorded or reduced to writing, and if reduced to writing as to whether it should be signed and dated by the victim. In the event that the victim is hostile or is otherwise unwilling or unable to cooperate with the attorney in the

prosecution of the case, then it will be necessary for the prosecutor to determine if there exists sufficient independent evidence to prove the elements of the assault. Such independent evidence may include, but is not limited to, the following:

- Injuries observed by someone other than the victim
- Medical reports/evidence of the assault
- Eyewitnesses to the crime
- A 911 tape or other recording of a prior statement of the victim concerning the assault
- The presence/availability of physical evidence indicating the crime occurred, e.g., semen, blood, etc.
- Admissions by the defendant
- Any and all photographic evidence gathered at the scene or subsequently

If a victim is unwilling or unable to cooperate in the prosecution of the case, but sufficient independent evidence exists, then the case should be pursued by the prosecutor. If such independent evidence does not exist, then the prosecutor should determine how and whether to continue the prosecution, including requiring the testimony of a non-cooperative witness when the witness is competent and legally available.

## **B. Pre-Indictment Checklist**

When it has been determined to proceed with a case, the following preparations may be made before the case is presented to the Grand Jury:

- Any corroborating or conflicting witnesses should be interviewed
- Names, addresses and phone numbers of all witnesses are included in the case file
- A complete criminal history of the defendant is in the file
- All medical reports have been obtained and placed in the file
- Where applicable, photographs of the victim's injuries have been received and reviewed
- Contact has been made with the victim-witness assistant and service agencies which have been working with the victim
- All police reports have been received and reviewed
- All lab tests have been initiated
- Rape kit has been sent to the crime lab

Notwithstanding the above, the prosecutor retains full discretion to proceed to Grand Jury at any time as soon as sufficient evidence to establish probable cause is available.

## **C. Trial**

### **General Considerations**

In sexual assault cases there are several factors which, if not unique to these offenses, are more likely to influence the court trial. One factor is the extreme embarrassment or humiliation a victim may suffer in having to testify about the assault in open court. Efforts should be made to

prepare the victim for these emotions and to "shield" the victim as much as possible while giving testimony.

Another factor to assess in the trial to these crimes is the prejudice and preconceived notions people often have of someone who has been sexually assaulted. For example, jurors may scrutinize the clothing and conduct of a victim and the victim's choices made prior to the assault. Similarly, jurors are likely to pay closer attention to the clothing and conduct of the victim in court than would be the case with a burglary charge. The prosecutor should be sensitive to this in presenting the case to the jury.

Depending on the type of assault, there may be other factors that will have a special impact on the case because it is a sexual assault crime. The prosecutor should be sensitive to the presence of these factors in preparing for and conducting the trial.

## **Appendix I: Checklists**

### **Checklist: Victim Services**

#### **1. Initial Report**

Determine if victim is in immediate danger  
Ascertain if emergency medical assistance is needed  
Help identify and address the immediate concerns of the victim  
Provide honest and realistic answers about law enforcement and the criminal justice system  
Ask if victim wants to report the crime to police  
Offer crisis intervention or counseling services; inform about local sexual assault center  
Caution victim against destruction of evidence  
Arrange transportation to and from hospital  
Establish interagency coordination procedures

#### **2. Medical Examination**

Provide victim with emotional support during examination  
With victim's permission, discuss assault with family and provide support to secondary victims  
Ensure victim has clothing to wear home from hospital  
Provide toiletries for use after the medical examination is completed

#### **3. Crime Victims' Compensation**

Assist victim with completing application for victim compensation, or confirm application process has been initiated by another agency  
Follow-up with victim on application to ensure timely processing

#### **4. Investigation**

Know the Georgia Victims' Bill of Rights and work closely with law enforcement, prosecutors, local jail, Board of Pardons and Paroles, and Department of Corrections to ensure all procedures for notifications (from arrest to parole) are in place  
Establish procedures to facilitate communication between law enforcement investigators and victim.  
Provide support for victim participation in the investigation

#### **5. Arrest**

Make sure victim knows that law enforcement will inform the victim of the arrest of a suspected perpetrator and that the victim must keep law enforcement apprised of current address and phone number  
Act as liaison between jail and victim so victim can be informed when there is a change in custody status of suspected assailant

## **6. Pre-trial**

Establish procedures for notifying victim of case status and postponements of changes in court appearances, using the Victims' Bill of Rights as a guideline (See the Appendix)

Provide victim with a written, concise explanation of the criminal justice system (See the Appendix)

Prepare victim for the possibility of questions from the prosecutor about the impact of the crime; Explain to the victim the purpose and use of the Victim Impact Statement which would inform the prosecutor of the physical, financial and emotional impact of the crime; Let victim decide whether or not to fill out this form at this time; A sample form is found in the Appendix

Provide guidance for facilitating victim/prosecutor communications concerning plea negotiations, which is a discussion about the possibility of the accused admitting guilt without a trial in return for a reduced sentence

Accompany a victim to any pre-trial court hearings or notify victim of results if victim is not present

Determine who can provide notification about postponements or changes in court appearances

## **7. Trial**

Accompany victim to court hearings

Support establishment of convenient parking for victims near the courthouse

If there is not a separate waiting area for the victim, request that the judge keep contact between the victim and alleged perpetrator to a minimum

Explain courtroom etiquette and procedures to victim

Prepare victim for the possibility of media coverage and questions

Arrange special assistance or transportation for victims with special needs (medical, handicapped, etc.)

## **8. Sentencing**

Assist victim with the preparation of a Victim Impact Statement, if not already prepared

Communicate with prosecutor about whether victim will be allowed to speak about the impact of the crime during sentencing phase

Continue court accompaniment and support

## **9. Post-sentencing**

Explain to victim how to request notification from the Department of Corrections of change of perpetrator's status in custody (escape, death, transfer, etc.)

Help victim update or prepare Victim Impact Statement to be mailed to the State Board of Pardons and Paroles and/or, if applicable, to the Probation Division of the Department of Corrections

Explain procedures for victim's being notified by the State Board of Pardons and Paroles of the release of inmate from the state prison system

Explain procedure for victim to appear in person at the State Board of Pardons and Paroles

If applicable, explain restitution collection and procedures

Remind victim to notify the Georgia Board of Pardons and Paroles or the Department of Corrections, Probation Division and the Probations Officer of any change of address or phone number; The address of the victim is confidential and will not be released to the inmate by the Board of Pardons and Paroles or the Department of Corrections

Explain to victim how to claim any personal property held as evidence  
Provide guidelines for reporting harassment or violation of protection orders by perpetrator  
Provide victim with name, address, and telephone number of the perpetrator's probation officer so that the victim may notify the probation officer of any unauthorized contact made by the perpetrator  
Explain procedures regarding perpetrators who are put on probation or given split sentences, i.e. sentenced to prison followed by a periods of parole and/or probation

## **10. Ongoing Victim Services**

Provide referrals to victim for other community services; Referrals may include, but are not limited to the following:

### **Counseling:**

- Mustard Seed
- Turning Points Counseling Center
- The Children's Center for Hope and Healing
- Avita Community Partners
- Family Art Therapy Center
- Prevent Child Abuse Habersham, Inc. DBA Family Resource Center of Northeast Georgia
- Suicide and Crisis Line: text or call 988; [988lifeline.org](https://www.988lifeline.org)

### **Sexual Assault Centers:**

- Bridging Hope (Habersham County)
- FAITH (Banks, Rabun and Stephens County)
- Piedmont Rape Crisis Center (Banks County)

### **Domestic Violence:**

- Circle of Hope (Habersham and Stephens County)
- FAITH (Rabun County)
- Peace Place (Banks County)

Provide continuing support, intervention or counseling as long as victim requests it  
Offer a 24-hour crisis line for victims and their families

## **Checklist: Law Enforcement**

### **1. Emergency Dispatcher**

If possible contact the medical facility and have them notify the Sexual Assault Nurse Examiner (SANE) that a victim is being transported for medical attention, unless the situation is life threatening, or if other medical treatment is immediately necessary  
Quickly obtain the victim's name and location  
Ascertain safety of victim  
Dispatch appropriate law enforcement units  
Dispatch emergency medical care  
Maintain an open line with the victim  
Keep victim calm/advise that help is on the way  
Request that victim not wash, change clothes, disturb crime scene, etc.  
If possible, obtain information from the victim about the sexual assault  
Relay helpful information to officers  
Preserve a record of emergency communications, including the victim's call, for later use as evidence

### **2. The Responding Officer**

#### **A. At the Scene**

Reach victim as quickly as possible  
Determine victim's physical/medical needs  
Request emergency care if needed  
Calm and reassure the victim  
Inform victim of actions being taken  
Prevent destruction of evidence by victim and others  
Make arrangements for transportation of victim to medical facility  
Contact family or friend  
Contact victim or sexual assault advocate  
Arrange change of clothing for victim  
If appropriate, question victim about suspect's identity or description, clothing, method of transportation and direction of flight  
Request presence of Forensic/ID unit  
Request presence of detectives at medical facility  
Preserve integrity of entire crime scene\_  
Preserve victim's clothing and effects for Forensic/ID unit  
Start crime scene access log  
Brief arriving Forensic/ID unit officers

#### **B. At Medical Facility**

Remain at facility until detectives arrive  
Brief responding detectives on known facts of the case

## **C. Incident Report**

Date and time of dispatch, arrival at and exit from scene  
Nature of dispatch  
Describe location and condition of the scene  
Identifying information on victim  
Injuries/emotional state of victim  
Requests for additional assistance, including officers  
Actions taken for the victim  
Actions taken to preserve crime scene  
All information learned about assault from victim  
All other information learned about case

### **3. Victims' Bill of Rights**

Provide victim with written information about the Georgia Crime Victims' Bill of Rights, **OCGA § 17-17-1**

### **4. Case Report Checklist**

Primary officer's incident report  
Reports filed by other officers  
Crime scene access log  
Written statement of the victim  
Copy of recorded statement of the victim  
Statements of witnesses  
Copies of recorded statements of witnesses  
Chief investigator's case activity log  
Chief investigator's case summary  
Wanted poster/composite drawings  
Photographic line ups; admonitions  
Reports of anonymous crime information from sources such as Silent Witness and Crime Stoppers  
Statements of assailant: non-custodial  
Statements of assailant to arresting officers  
Statements of assailant to civilians  
Constitutional rights; Miranda law  
All of assailant's custodial statements to law enforcement  
Copies of all recorded assailant statements  
Diagram of crime scene  
Photos of victim  
Property and evidence forms  
List of property in police custody  
List of property sent to crime lab  
NCIC criminal history  
Local agency's criminal history  
Juvenile history data  
Probation/parole data  
Booking photo of assailant  
Reports on police calls to assailant's address

911 calls on sexual assault case  
Transcript of 911 calls  
Computer printout of address and phone number of 911 caller  
Written report from Forensic/ID Unit  
Weapon follow-up (NCIC/ATF)  
Crime lab reports note: Ga Code 35-1-2  
EMS reports  
Medical facility reports  
Copies of news stories  
Copies of affidavits for search warrant, warrants and returns  
Copies of Consent to Search forms  
Copies of other judicial orders  
Copy of arrest warrant  
Arrest and booking report  
Arraignment sheet

## **Checklist: Prosecution, Working with Sexual Assault Victims**

### **1. General**

Notify victim of all hearings and changes in schedules  
Consider the needs of the victim when scheduling case-related activities, e.g., religious holidays, health requirements, family activities and occupational requirements  
Facilitate victim participation in all activities at which the assailant has a right to be present  
Establish communication methods to avoid unnecessary trips for the victim to the courthouse, e.g., electronic pagers, on-call system for victims or voice mail system for victims to call in and receive current case status information  
Object to requests for continuances that are dilatory and do no benefit the State or victim

### **2. Preliminary Hearings, Arraignment and Bail Hearings**

Make every effort to discuss desired conditions of release with sexual assault victim prior to bail hearing  
Request that any release on bond include protection orders for the victim  
Keep victim informed about the detention status of the suspected assailant, and/or make sure that the victim has the name and telephone number of a contact person at the detention facility who will inform the victim as to detention status  
When possible, allow the victim to express concerns about the danger posed by the suspected assailant

### **3. Plea Negotiations**

Inform victim of reasons to consider a negotiated plea  
Describe optional courses of action other than a negotiated plea  
In determining appropriate case disposition, take into consideration the desires/concerns of the victim  
Consider the needs of the victim in accepting a plea, e.g., restitution, protection, emotional security  
Provide sexual assault victim some method for making concerns, feelings, or needs known to the court at or before sentencing on a plea

### **4. Trial**

Provide separate areas for victims and defense witnesses  
Provide court accompaniment for victim  
Keep victim informed about court schedules: dates, times and places  
Provide information and explanation to employers, teachers, etc. as to the necessity of the victim's presence at court proceedings

### **5. Sentencing**

Ensure opportunity for a victim impact statement as a part of sentencing considerations  
Provide victims some method for making their concerns, feelings, or needs, known to the court at, or before the sentencing hearing  
Include victim needs as part of sentence, e.g., restitution, protection, emotional security

## **6. Post Sentencing**

Inform victim of the name and telephone number of the appropriate contact person at the State Board of Pardons and Paroles and the Probation Division of the Department of Corrections for such information as changes in offender status, dates of scheduled parole hearings, and method for updating victim impact statement

Whenever possible, accompany victim to any parole hearing

Provide priority prosecution for violations of release conditions

## Appendix II: Sexual Assault Examination and Evidence Collection

### Sample Forms

Patient's Name \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number \_\_\_\_\_ Medical Record Number \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (Apt #)  
\_\_\_\_\_  
(City) (State) (Country) (Zip)

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Sex  Male  Female Ethnicity  Caucasian  Afr-Amer  Asian  Hispanic  Other

Patient escorted by \_\_\_\_\_ Relationship \_\_\_\_\_

Agency of escort \_\_\_\_\_ Mode of Transportation \_\_\_\_\_

\_\_\_\_\_ Hospital or Site of Exam \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

Arrival Date \_\_\_\_ Arrival Time \_\_\_\_\_

### Phone Report to Law Enforcement Agency

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Name of Officer taking report \_\_\_\_\_

Case Number \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_ Responding Officer \_\_\_\_\_ Phone \_\_\_\_\_

Agency/Unit \_\_\_\_\_ JD Number \_\_\_\_\_

Consents To:	YES	NO
Collection and release of evidence	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>
HIV Testing	<input type="checkbox"/>	<input type="checkbox"/>
Post-coital contraception	<input type="checkbox"/>	<input type="checkbox"/>
Release of medical records to law enforcement	<input type="checkbox"/>	<input type="checkbox"/>

Sexual assault center Volunteer Contacted  Yes  No

History and Circumstance of Assault (Complete narrative history on following page)

Person providing history \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Person taking history \_\_\_\_\_ Others present \_\_\_\_\_

Date of Assault \_\_\_\_\_ Time of Assault \_\_\_\_\_ Number of Assaultants \_\_\_\_\_

Location and physical surrounding of assault (bed, floor, car, field, etc.) \_\_\_\_\_

Name of suspect(s), if known	MALE	FEMALE	Relationship to victim
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Condition of clothing upon arrival (Note and describe any rips, tears, presence of foreign materials)

\_\_\_\_\_  
\_\_\_\_\_

Collect outer clothing and underclothes worn during or immediately after assault. Have victim remove clothes over white floor drape. Place each item in a separate, clean paper bag. When completed, place floor drape in separate bag as well. Label each bag appropriately and list clothing. If victim has changed clothes since the assault occurred, collect only those clothes that have been in direct contact with genital area or where possible semen stains may be found.

Item(s) \_\_\_\_\_

Completed  Not applicable

Physical Injuries and/or Pain Described by Patient

Record description \_\_\_\_\_

Lapses of consciousness  Yes  No  
Vomiting  Yes  No

Acts Described by Patient

Vaginal contact YES NO UNSURE If more than one assailant, identify person:

By Penis     
By Finger    \_\_\_\_\_

With Foreign Object [ ] [ ] [ ] \_\_\_\_\_  
 If foreign object, describe object\_\_\_\_\_

**Anal contact** YES NO UNSURE **If more than one assailant, identify person:**  
 By Penis [ ] [ ] [ ] \_\_\_\_\_  
 By Finger [ ] [ ] [ ] \_\_\_\_\_  
 With Foreign Object [ ] [ ] [ ] \_\_\_\_\_  
 \_\_\_\_\_ If foreign object, describe object\_\_\_\_\_

**Oral to Genitals** YES NO UNSURE **If more than one assailant, identify person:**  
 Of victim by assailant [ ] [ ] [ ] \_\_\_\_\_  
 Of assailant by victim [ ] [ ] [ ] \_\_\_\_\_

**Oral to Anus** YES NO UNSURE **If more than one assailant, identify person:**  
 Of victim by assailant [ ] [ ] [ ] \_\_\_\_\_  
 Of assailant by victim [ ] [ ] [ ] \_\_\_\_\_

**Masturbation** YES NO UNSURE **If more than one assailant, identify person:**  
 Of victim by assailant [ ] [ ] [ ] \_\_\_\_\_  
 Of assailant by victim [ ] [ ] Other [ ] \_\_\_\_\_  
 [ ] [ ] [ ] \_\_\_\_\_

**Ejaculation** YES NO UNSURE **If more than one assailant, identify person:**  
 Inside vagina [ ] [ ] [ ] \_\_\_\_\_  
 Inside other orifice [ ] [ ] [ ] \_\_\_\_\_  
 Outside on body [ ] [ ] [ ] \_\_\_\_\_  
 \_\_\_\_\_ **If outside, give location on body** \_\_\_\_\_

**Contraception** YES NO UNSURE **If more than one assailant, identify person:**  
 Condom used [ ] [ ] [ ] \_\_\_\_\_  
 Foam used [ ] [ ] [ ] \_\_\_\_\_  
 Jelly used [ ] [ ] [ ] \_\_\_\_\_  
 Lubricant used [ ] [ ] [ ] \_\_\_\_\_

<b>Other Acts</b>	YES	NO	UNSURE	If more than one assailant, identify
person:				
Fondling	[ ]	[ ]	[ ]	_____
Licking	[ ]	[ ]	[ ]	_____
Kissing	[ ]	[ ]	[ ]	_____

If yes, describe specifics and location on body \_\_\_\_\_  
\_\_\_\_\_

Describe any other acts committed by assailant(s) or required of victim. \_\_\_\_\_

**Methods Employed by Assailant(s)**

	YES	NO	If yes, describe:
Weapon inflicted injuries	[ ]	[ ]	_____
Type(s) of weapon			_____
Physical blows by hands	[ ]	[ ]	_____
Physical blows by feet	[ ]	[ ]	_____
Physical restraints	[ ]	[ ]	_____
Type(s) restraints used			_____
<b>Bites</b>	[ ]	[ ]	_____
Choking	[ ]	[ ]	_____
Burns (incl. chemical/toxic)	[ ]	[ ]	_____

	YES	NO
Threat(s) of Harm	[ ]	[ ]
Threats to <b>whom</b> _____		
Type of threats _____		
Any Other Methods Used	[ ] Yes	[ ] No

**Describe** \_\_\_\_\_

**Post-assault Hygiene or Activities** (Complete only if less than 72 hours since assault)

	YES	NO		YES	NO
Urinated	[ ]	[ ]	Removed/inserted diaphragm	[ ]	[ ]
Defecated	[ ]	[ ]	Brushed teeth	[ ]	[ ]
Genital wipe/wash	[ ]	[ ]	Oral gargle or swish	[ ]	[ ]
Bath/shower	[ ]	[ ]	Changed clothing	[ ]	[ ]
Douche	[ ]	[ ]	Ingested food/liquid	[ ]	[ ]
Removed/inserted tampon	[ ]	[ ]			
Removed/inserted sponge	[ ]	[ ]			

If medication was taken, list names of drugs. \_\_\_\_\_

**Other Relevant Sexual History**

	YES	NO
Consenting intercourse within past 72 hours	[ ]	[ ]
If yes, approximate date and time: _____		
Was condom used	[ ]	[ ]
Did victim douche following consensual sex	[ ]	[ ]

**1. Perform Routine Physical Examination**

**2. Collect Forensic Evidence**

Collect forensic evidence using recommended GBI/DOFS Sexual Assault Evidence Collection Kit (hereafter, "Assault Kit") if examination is within 120 hours of assault. May consider using Assault Kit if assault occurred within last 5 days. **NOTE: Please remove any unused portions of Assault Kit after collecting relevant evidence.**

**Describe general appearance.**

**Record demeanor** (Check all that apply)

Quiet	<input type="checkbox"/>	Tearful/sobbing	<input type="checkbox"/>	Responsive to questions	<input type="checkbox"/>
Tense	<input type="checkbox"/>	Agitated	<input type="checkbox"/>	Odor of alcohol	<input type="checkbox"/>
Trembling	<input type="checkbox"/>	Nervous smiling	<input type="checkbox"/>	Other (specify):	

Brief responses	<input type="checkbox"/>	Angry	<input type="checkbox"/>	_____
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**Record injuries and findings on diagrams** (located at end of form). Note size and appearance of any erythema, abrasions, bruises (detail shape), contusions, indurations, lacerations, fractures, bites, bumps, and stains of foreign materials on the body. An injury suspected to be a bite mark may require special attention and should be reported promptly to law enforcement

Photographs taken  Yes  No By \_\_\_\_\_

Area(s) of body **photographed** \_\_\_\_\_

**Collect any moist or dried secretions, stains, and foreign materials from the body.** Identify location of collection and label evidence container with sample description and location on body. Dry swabs before packaging.

**Collect fingernail samples** only if skin, blood, or trace evidence is visible or strongly indicated by case history to be present. Collect obvious blood or other questionable material with tweezers or cut fingernail(s). Can take fingernail scrapings if nails are synthetic or cannot be cut. Label evidence container(s) appropriately and seal.

**Collect head hair reference** standards by plucking or combing with a fine-toothed comb to obtain 25 random head hairs.

**Examine oral cavity and area around the mouth** for seminal fluid, noting frenulum trauma. If indicated by history, swab the area inside mouth up to 6 hours post-assault.

Collect 2 swabs from the oral cavity

1 swab for dry mount slide. Prepare slide; dry and save swab.

1 swab to be dried and saved.

After both swabs and slide are dried, enclose in evidence container and label and seal appropriately.

**Examine external genitalia and perianal area**, including the inner thighs for injury and foreign material. Record injuries and findings on diagrams.

Photographs taken  Yes  No

Collect any suspicious substance as previously described and remove suspected foreign material with tweezers. Package each appropriately, identify container with sample description and location, and seal.

**Collect pubic hair samples** over provided paper towel by initially cutting any matted hair. Gently comb pubic hair with wide-tooth comb to collect any loose hairs or other foreign materials.

**Collect pubic hair reference standards** by combing with a fine-toothed comb to obtain 25 random pubic hairs. If it is not possible to obtain 25 hairs by combing, plucking may become necessary at a later time.

**For male victims, collect 4 penile swabs** using moistened cotton-tipped applicators from the urethral meatus, glans and shaft if oral or vaginal contact is reported. Air dry all swabs and label evidence container appropriately before enclosing.

**Examine Vagina and Cervix** for injury or foreign materials and record on diagrams.

Indicate method of exam  Direct visualization  Colposcope

Collect six (6) swabs as follows:

3 swabs from vaginal pool unless cervix is not visualized, then collect a total of four (4) swabs from vagina:

1 swab for wet mount slide. Examine for motile spermatozoa. Dry and save swab.

1 swab for dry mount slide. Prepare slide; dry and save swab.

1 swab (or 2 swabs if the cervix is not visualized) to be dried and saved.

3 swabs from cervix:

1 swab for dry mount slide. Prepare slide; dry and save swab.

2 swabs to be dried and saved.

After all swabs are dried, enclose in evidence container and appropriately label and seal.

Examination for motile sperm revealed:  motile sperm  non-motile sperm  no sperm seen

**Examine Anus and Rectum.** Observe buttocks, perianal skin, and anal folds for injury or foreign materials and record on diagrams. Collect any moist or dried secretions and foreign materials (including lubricants).

Indicate method of exam  Direct visualization  Digital exam  Colposcopic exam  
 Anoscopic exam  Proctoscopic exam

If indicated by medical findings or history, collect as follows:

4 swabs from rectum (For female victims, clean perianal area with water prior to collection to limit contamination/extension of secretions for the vaginal area.).

1 swab for dry mount slide. Prepare slide, dry and save swab.

3 swabs to be dried and saved.

After all 4 swabs are dried, enclose in evidence container and appropriately label and seal.

Any recent (within 60 days) anal/genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect physical findings. If yes, record on separate medical chart.

Yes  No

X-rays required:       Yes       No

**Summary of Genital Trauma** (Check if evidence of trauma is present.)

Female		Male		Describe	
Labia major	<input type="checkbox"/>	Urethral	<input type="checkbox"/>		<input type="checkbox"/>
Labia minor	<input type="checkbox"/>		<input type="checkbox"/>	Periurethral	<input type="checkbox"/>
Clitoris	<input type="checkbox"/>	Penis	<input type="checkbox"/>		<input type="checkbox"/>
Periurethral tissue			<input type="checkbox"/>	Scrotum	<input type="checkbox"/>
Hymen	<input type="checkbox"/>		<input type="checkbox"/>	Testicles	<input type="checkbox"/>
Posterior fourchette			<input type="checkbox"/>	Vas/epididymis	<input type="checkbox"/>
Fossa navicularis				Perineum	<input type="checkbox"/>
Vagina	<input type="checkbox"/>				
<b>Anal/Rectal Trauma</b>		Describe			
Perianal	<input type="checkbox"/>				<input type="checkbox"/>
_____	Anal				<input type="checkbox"/>
_____				Rectal	<input type="checkbox"/>

_____	<b>Summary of Forensic Evidence</b>	YES	NO	<input type="checkbox"/>	_____
_____	Collected by				N/A

Clothing				
(directed by case officer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foreign material from body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Suspected blood from assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dried secretions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fibers or loose hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernail cuttings or scrapings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reference head hair samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oral swabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oral smears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Matted pubic hair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Pubic hair combings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reference pubic hair samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Penile swabs, dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vaginal/cervical swabs, dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vaginal/cervical smears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perianal swabs, dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perianal smears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rectal swabs, dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rectal smears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drug Screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Return evidence containers to Assault Kit after ensuring that all materials are appropriately dried and packaging is adequately labeled and sealed. Seal kit with provided evidence tape and initial/date for chain of custody. Complete all documentation (including presence or absence of

motile sperm) on Assault Kit.

Note Georgia Code 35-1-2 concerning procedures for Law Enforcement processing of kits and victim notification after a kit is processed. Code 35-1-2 can be found in the appendix.

**Chain of Evidence** (Please PRINT except as indicated)

Specimens labeled/sealed by \_\_\_\_\_ Phone \_\_\_\_\_

Physical examination performed by \_\_\_\_\_ Phone \_\_\_\_\_

Discharge Date \_\_\_\_\_ Discharge Time \_\_\_\_\_

Signature of Physical Examiner \_\_\_\_\_  
\_\_\_\_\_

Evidence released by \_\_\_\_\_ Phone \_\_\_\_\_

- Items released
- Sealed Assault Kit
  - Sealed bags of clothing
  - Photographs
  - X-Rays
  - Copy of this form
  - Other \_\_\_\_\_

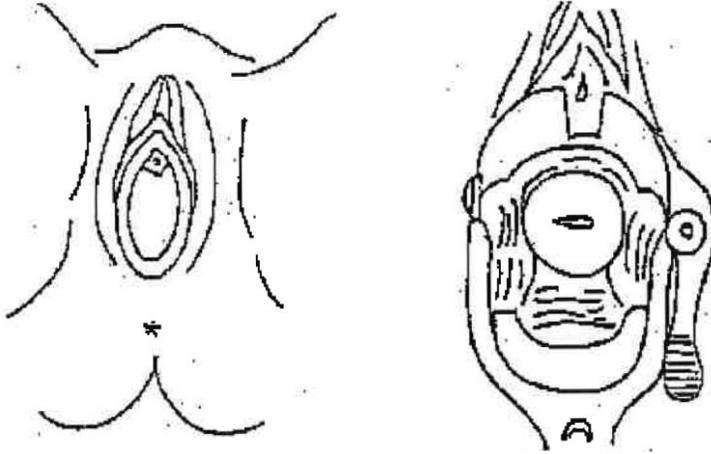
Law Enforcement Officer \_\_\_\_\_ Phone \_\_\_\_\_

Agency \_\_\_\_\_ Badge Number \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

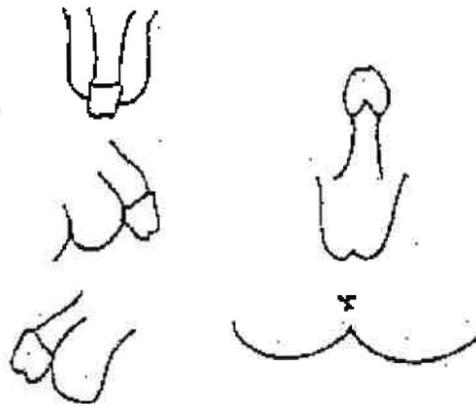
I have received the indicated items above as evidence

Signature of Officer \_\_\_\_\_

## Female



## Male



### **Appendix III: Law Cited In Sexual Assault Protocol:**

#### **O.C.G.A. § 15-24-1**

##### **Definitions**

As used in this chapter, the term:

- (1) "Protocol committee" or "committee" means a multidisciplinary, multiagency sexual assault committee established for a county pursuant to Code Section 15-24-2. The protocol committee is charged with developing local protocols to investigate and prosecute alleged cases of sexual assault.
- (2) "Sexual assault" means rape, sodomy, aggravated sodomy, incest, sexual battery, and aggravated sexual battery as those terms are defined in Chapter 6 of Title 16.

#### **O.C.G.A. § 15-24-2**

##### **Establishment of sexual assault protocol and committee; representatives to committee; purpose; annual meeting and review**

- (a) Each judicial circuit shall be required to establish a sexual assault protocol as provided in this Code section.
- (b) The chief superior court judge of each judicial circuit shall establish a sexual assault protocol committee as provided in subsection (c) of this Code section and shall appoint an interim chairperson who shall preside over the first meeting. The chief superior court judge shall appoint persons to fill any vacancies on the committee. Thus established, the committee shall thereafter elect a chairperson from its membership.
- (c)(1) Each of the following agencies of the judicial circuit shall designate a representative to serve on the committee:
  - (A) The office of the sheriff of each sheriff's office in the judicial circuit;
  - (B) The office of the district attorney;
  - (C) The magistrate court;
  - (D) The office of the chief of police of a county of each county within the judicial circuit in counties which have a county police department;
  - (E) The office of the chief of police of the largest municipality in the county of each county within the judicial circuit; and
  - (F) The county board of health of each county within the judicial circuit.
- (2) In addition to the representatives serving on the committee as provided for in paragraph (1) of this subsection, the chief superior court judge shall designate:
  - (A) A local citizen of the judicial circuit;
  - (B) A representative of a sexual assault or rape crisis center serving the judicial circuit or, if no such center exists, then a local citizen; and
  - (C) A health care professional who performs sexual assault examinations within the judicial circuit or, if no such person exists, then a local citizen.
- (3) If any designated agency fails to carry out its duties relating to participation on the committee, the chief superior court judge of the circuit may issue an order requiring the participation of such agency. Failure to comply with such order shall be cause for punishment as for contempt of court.

(d) The protocol committee shall adopt a written sexual assault protocol, a copy of which shall be furnished to each agency in the judicial circuit that handles cases of sexual assault. The protocol shall be a written document outlining in detail the procedures to be used in investigating, collecting evidence, paying for expenses related to evidence collection, and prosecuting cases arising from alleged sexual assault and shall take into consideration the provisions of Article 4 of Chapter 5 of Title 17. The protocol may provide for different procedures to be used within particular municipalities or counties within the judicial circuit. The protocol committee shall adopt a written sexual assault protocol no later than December 31, 2004. The protocol committee may incorporate sexual assault protocols used in the judicial circuit as they existed on or before July 1, 2004.

(e) The purpose of the protocol shall be to ensure coordination and cooperation between all agencies involved in sexual assault cases so as to increase the efficiency of all agencies handling such cases and to minimize the stress created for the alleged sexual assault victim by the legal and investigatory process; provided, however, that a failure by an agency to follow the protocol shall not constitute an affirmative or other defense to prosecution of a sexual assault, preclude the admissibility of evidence, nor shall a failure by an agency to follow the protocol give rise to a civil cause of action.

(f) Upon completion of the writing of the sexual assault protocol, the protocol committee shall continue in existence and shall meet at least annually for the purpose of evaluating the effectiveness of the protocol and appropriately modifying and updating same.

(g) The protocol committee shall submit a certification of annual compliance to the Criminal Justice Coordinating Council by December 31 of each year. The Criminal Justice Coordinating Council shall notify the Governor, Lieutenant Governor, Speaker of the House of Representatives, and Chief Justice of the Georgia Supreme Court of any noncompliant judicial circuits.

#### **O.C.G.A. § 17-5-55**

#### **Designation of custodian for introduced evidence; evidence log; storage, maintenance, and disposal of evidence**

(a) In all criminal cases, the court shall designate either the clerk of court, the court reporter, or any other officer of the court to be the custodian of any property that is introduced into evidence during the pendency of the case. Property introduced into evidence shall be identified or tagged with an exhibit number. After verdict and judgment has been entered in any criminal case, the person who has custody of the physical evidence introduced in the case shall inventory the evidence and create an evidence log within 30 days of the entry of the judgment. Within 30 days following the creation of the evidence log, physical evidence shall be returned to the rightful owner of the property unless the physical evidence itself is necessary for the appeal of the case, for a new trial, or for purposes of complying with this Code section or Code Section 17-5-56. The evidence log shall contain the case number, style of the case, description of the item, exhibit number, the name of the person creating the evidence log, and the location where the physical evidence is stored. After the evidence log is completed, the judge shall designate the clerk of court, the prosecuting attorney, or the law enforcement agency involved in prosecuting the case to obtain and store the evidence, and a notation shall appear in the evidence log indicating the transfer of evidence. If evidence is transferred to any other party, the evidence log shall be annotated to show the identity of the person or entity receiving the evidence, the date of the transfer, and the location of the evidence. The signature of any person

or entity to which physical evidence is transferred shall be captured through electronic means that will be linked to the evidence log or the use of a property transfer form that will be filed with the evidence log. When physical evidence, other than audio or video recordings, is transferred to any person or entity, a photograph or other visual image of the evidence shall be made and placed in the case file.

(b) Physical evidence classified as dangerous or contraband by state or federal law, including, but not limited to, items described by state or federal law as controlled substances, dangerous drugs, explosives, weapons, ammunition, biomedical waste, hazardous substances, or hazardous waste shall be properly secured in a manner authorized by state or federal law. This evidence may be transferred to a government agency authorized to store or dispose of the material.

(c) Documents, photographs, and similar evidence shall be maintained and disposed of in accordance with records retention schedules adopted in accordance with Article 5 of Chapter 18 of Title 50, known as the "Georgia Records Act." Other physical evidence that contains biological material, including, but not limited to, stains, fluids, or hair samples that relate to the identity of the perpetrator of the crime, shall be maintained in accordance with Code Section 17-5-56. A party to an extraordinary motion for new trial or a habeas corpus action in which DNA testing is sought that was filed prior to the expiration of the time prescribed for the preservation of evidence by this Code section may apply to the court in which the defendant was convicted for an order directing that the evidence be preserved beyond the time period prescribed by this Code section and until judgment in the action shall become final.

(d) Except as is otherwise provided in subsections (b) and (c) of this Code section or by law, following the expiration of the period of time set forth in subsections (b) and (c) of this Code section, physical evidence may be disposed of in accordance with the provisions of Article 5 of Chapter 12 of Title 44, known as the "Disposition of Unclaimed Property Act," or, in the case of property of historical or instructional value, as provided in Code Section 17-5-53.

#### **O.C.G.A. § 17-5-56**

##### **Maintenance of physical evidence containing biological material**

(a) Except as otherwise provided in Code Section 17-5-55, on or after May 27, 2003, governmental entities in possession of any physical evidence in a criminal case, including, but not limited to, a law enforcement agency or a prosecuting attorney, shall maintain any physical evidence collected at the time of the crime that contains biological material, including, but not limited to, stains, fluids, or hair samples that relate to the identity of the perpetrator of the crime as provided in this Code section. Biological samples collected directly from any person for use as reference materials for testing or collected for the purpose of drug or alcohol testing shall not be preserved.

(b) In a case in which the death penalty is imposed, the evidence shall be maintained until the sentence in the case has been carried out. Evidence in all felony cases that contains biological material, including, but not limited to, stains, fluids, or hair samples that relate to the identity of the perpetrator of the crime shall be maintained for the period of time that the crime remains unsolved or until the sentence in the case is completed, whichever occurs last.

## **O.C.G.A. § 17-5-70**

### **Definitions**

As used in this article, the term:

- (1) "Forensic medical examination" means an examination by a health care provider of a person who is a victim of a sexual assault. Such examination shall include a physical examination, documentation of biological and physical findings, and collection of physical evidence from the victim.
- (2) "Investigating law enforcement agency" means the law enforcement agency responsible for the investigation of the alleged sexual assault.
- (3) "Sexual assault" means rape, sodomy, aggravated sodomy, statutory rape, child molestation, aggravated child molestation, sexual assault against a person in custody, sexual assault against a person detained in a hospital or other institution, sexual assault by a practitioner of psychotherapy against a patient, incest, bestiality, sexual battery, and aggravated sexual battery as those terms and offenses are set forth and defined in Chapter 6 of Title 16.

## **O.C.G.A. § 17-5-71**

### **Preservation of evidence GA Code § 17-5-71 (2023)**

- a. In cases in which the victim reports an alleged sexual assault to law enforcement, the investigating law enforcement agency shall maintain any physical evidence collected as a result of an alleged sexual assault that contains biological material, including, but not limited to, stains, fluids, or hair samples that relate to the identity of the perpetrator of an alleged sexual assault, for 30 years from the date of arrest, or seven years from completion of sentence, whichever occurs last, and if no arrests, then for 50 years.
- b. If the victim chooses not to report the alleged sexual assault to law enforcement at the time of evidence collection, the law enforcement agency with jurisdiction shall maintain any physical evidence collected as a result of such alleged sexual assault that contains biological material, including, but not limited to, stains, fluids, or hair samples that relate to the identity of the perpetrator of the alleged sexual assault, for not less than 12 months from the date any such physical evidence is collected.

## **O.C.G.A. § 17-5-72**

### **Right to free forensic medical examination**

A victim shall have the right to have a forensic medical examination regardless of whether the victim participates in the criminal justice system or cooperates with law enforcement in pursuing prosecution of the underlying crime. A victim shall not be required to pay, directly or indirectly, for the cost of a forensic medical examination. The cost of a forensic medical examination shall be paid for by the Georgia Crime Victims Emergency Fund, as provided for in Chapter 15 of this title.

**O.C.G.A. § 17-5-73**

**Victim's right to refuse request for polygraph examinations or other truth-telling devices**

No prosecuting attorney, investigating law enforcement agency, or government official shall ask or require any victim of a sexual assault to submit to a polygraph examination or any other truth-telling device as a condition precedent to investigating such alleged crime. The refusal of a victim to submit to a polygraph examination or any other truth-telling device shall not prevent an investigation or prosecution of any sexual assault.

**O.C.G.A. § 17-10-15**

**AIDS transmitting crimes; requiring defendant to submit to HIV test; report of results**

[GA Code § 17-10-15 \(2023\)](#)

- a. Any term used in this Code section and defined in Code Section 31-22-9.1 shall have the meaning provided for such term in Code Section 31-22-9.1.
- b. A victim or the parent or legal guardian of a minor or incompetent victim of a sexual offense as defined in Code Section 31-22-9.1 or other crime which involves significant exposure as defined by subsection (f) of this Code section may request that the agency responsible for prosecuting the alleged offense request that the person arrested for such offense submit to a test for the human immunodeficiency virus and consent to the release of the test results to the victim. If the person so arrested declines to submit to such a test, the judge of the superior court in which the criminal charge is pending, upon a showing of probable cause that the person arrested for the offense committed the alleged crime and that significant exposure occurred, may order the test to be performed in compliance with the rules adopted by the Department of Public Health. The cost of the test shall be borne by the victim or by the arrested person, in the discretion of the court.
- c. Upon a verdict or plea of guilty or a plea of nolo contendere to any AIDS transmitting crime, the court in which that verdict is returned or plea entered shall require the defendant in such case to submit to an HIV test within 45 days following the date of such verdict or plea.
- d. Any person required under this Code section to submit to the HIV test who fails or refuses to submit to the test shall be subject to such measures deemed necessary by the court in which the order was entered, verdict was returned, or plea was entered to require involuntary submission to the HIV test, and submission thereto may also be made a condition of suspending or probating any part of that person's sentence for the AIDS transmitting crime.
- e. If a person is required by this Code section to submit to an HIV test and is thereby determined to be infected with HIV, that determination and the name of the person shall be reported to:
  1. The Department of Public Health, which shall disclose the name of the person as necessary to provide counseling to each victim of that person's AIDS transmitting crime if that crime is other than one specified in subparagraph (a)(3)(J) of Code Section 31-22-9.1 or to any parent or guardian of any such victim who is a minor or incompetent person;
  2. The court which ordered the HIV test, which court shall make that report a part of that person's criminal record. That report shall be sealed by the court; and
  3. The officer in charge of any penal institution or other facility in which the person has been confined by order or sentence of the court for purposes of enabling that officer to confine the person separately from those not infected with HIV.

- f. For the purpose of subsection (b) of this Code section, "significant exposure" means contact of the victim's ruptured or broken skin or mucous membranes with the blood or body fluids of the person arrested for such offense, other than tears, saliva, or perspiration, of a magnitude that the Centers for Disease Control and Prevention have epidemiologically demonstrated can result in transmission of the human immunodeficiency virus.
- g. The state may not use the fact that a medical procedure or test was performed on a person under this Code section or use the results of the procedure or test in any criminal proceeding arising out of the alleged offense.

**O.C.G.A. §17-15-1**

**Legislative intent**

The General Assembly recognizes that many innocent persons suffer personal physical injury, serious mental or emotional trauma, severe financial hardship, or death as a result of criminal acts or attempted criminal acts. The General Assembly finds and determines that there is a need for assistance for such victims of crime. Accordingly, it is the General Assembly's intent that under certain circumstances aid, care, and assistance be provided by the state for such victims of crime.

**O.C.G.A. § 17-15-2**

**Definitions (Victims Compensation)**

[GA Code § 17-15-2 \(2023\)](#)

As used in this chapter, the term:

1. “Board” means the Criminal Justice Coordinating Council.
2. “Claimant” means any person filing a claim pursuant to this chapter.
3. “Crime” means:
  - A. An act which is committed in this state; in a state which does not have a victims’ compensation program, if the claimant is a resident of this state; or in a state which has compensated the claimant in an amount less than the claimant would be entitled to pursuant to this chapter, if the claimant is a resident of this state, and which constitutes:
    - i. Hit and run in violation of Code Section 40-6-270;
    - ii. Homicide by vehicle in violation of Code Section 40-6-393;
    - iii. Serious injury by vehicle in violation of Code Section 40-6-394;
    - iv. A violation of Code Section 16-5-46;
    - v. A violation of Chapter 6 of Title 16;
    - vi. A violation of Part 2 of Article 3 of Chapter 12 of Title 16;
    - vii. A violation of Code Section 16-5-70;
    - viii. Aggravated assault with the intent to rape in violation of Code Section 16-5-21;
    - ix. An offense that has as an element the use, attempted use, or threatened use of physical force against the person or property of another; or
    - x. Any other offense that is a felony and that, by its nature, involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense;
  - B. An act which constitutes international terrorism as defined in 18 U.S.C. Section 2331 against a resident of this state when such resident was outside the territorial boundaries of the United States when such act was committed; or
  - C. An act of mass violence involving a resident of this state when such resident was outside the territorial boundaries of the United States when such act was committed.
4. “Direct service provider” means a public or nonprofit entity which provides aid, care, and assistance.
5. “Director” means the director of the Criminal Justice Coordinating Council.
6. “Forensic medical examination” means an examination provided to a person pursuant to subsection (c) of Code Section 16-6-1 or subsection (c) of Code Section 16-6-2 by trained medical personnel in order to gather evidence. Such examination shall include, but shall not be limited to:
  - A. An examination for physical trauma;
  - B. A determination as to the nature and extent of the physical trauma;
  - C. A patient interview;
  - D. Collection and evaluation of the evidence collected; and
  - E. Any additional testing deemed necessary by the examiner in order to collect evidence and provide treatment.
7. “Fund” means the Georgia Crime Victims Emergency Fund.
8. “Investigator” means an investigator of the board.

9. "Serious mental or emotional trauma" means a nonphysical injury which has been documented by a licensed mental health professional and which meets the specifications promulgated by the board's rules and regulations relating to this type of trauma.

**O.C.G.A. § 17-15-15**

**Responsibility for cost of forensic medical examination**

When a forensic medical examination is conducted, the cost of such examination shall be paid for by the fund in an amount not to exceed \$1,000.00. The fund shall be responsible for payment of such cost notwithstanding whether the person receiving such examination has health insurance or any other source of health care coverage.

**O.C.G.A. § 17-17-1**

**Declaration of policy (Crime Bill of Rights)**

The General Assembly hereby finds and declares it to be the policy of this state that victims of crimes should be accorded certain basic rights just as the accused are accorded certain basic rights. These rights include:

- (1) The right to reasonable, accurate, and timely notice of any scheduled court proceedings or any changes to such proceedings;
- (2) The right to reasonable, accurate, and timely notice of the arrest, release, or escape of the accused;
- (3) The right not to be excluded from any scheduled court proceedings, except as provided in this chapter or as otherwise required by law;
- (4) The right to be heard at any scheduled court proceedings involving the release, plea, or sentencing of the accused;
- (5) The right to file a written objection in any parole proceedings involving the accused;
- (6) The right to confer with the prosecuting attorney in any criminal prosecution related to the victim;
- (7) The right to restitution as provided by law;
- (8) The right to proceedings free from unreasonable delay; and
- (9) The right to be treated fairly and with dignity by all criminal justice agencies involved in the case.

O.C.G.A. § 17-17-11

Right of victim to express opinion on disposition of accused's case

The prosecuting attorney shall offer the victim the opportunity to express the victim's opinion on the disposition of an accused's case, including the views of the victim regarding:

- (1) Plea or sentence negotiations; and
- (2) Participation in pretrial or post-conviction diversion programs.

This provision shall not limit any other right created pursuant to state law.

O.C.G.A. § 17-17-12

Notification to victim of accused's motion for new trial or appeal, release on bail or recognizance, appellate proceedings, and outcome of appeal; notifications regarding death penalty cases; victim's rights retained at new trial or on appeal

[GA Code § 17-17-12 \(2023\)](#)

- a. Upon the written request of the victim, the prosecuting attorney shall notify the victim of the following:
  - 1. That the accused has filed a motion for new trial, an appeal of his or her conviction, or an extraordinary motion for new trial;
  - 2. Whether the accused has been released on bail or other recognizance pending the disposition of the motion or appeal;
  - 3. The time and place of any appellate court proceedings relating to the motion or appeal and any changes in the time or place of those proceedings; and
  - 4. The result of the motion or appeal.
- b. The Attorney General shall notify the prosecuting attorney of the filing of collateral attacks on convictions of this state which are being defended by the Attorney General.

**(b.1)** In cases in which the accused is convicted of a capital offense and receives the death penalty, the Attorney General shall:

- 1. Notify the prosecuting attorney and upon the written request of the victim notify the victim of the filing and disposition of all collateral attacks on such conviction which are being defended by the Attorney General, including, but not limited to, petitions for a writ of habeas corpus, and the time and place of any such proceedings and any changes in the time or place of those proceedings; and
- 2. Provide the prosecuting attorney and upon the written request of the victim provide the victim with a report on the status of all pending appeals, collateral attacks, and other litigation concerning such conviction which is being defended by the Attorney General at least every six months until the accused dies or the sentence or conviction is overturned or commuted or otherwise reduced to a sentence other than the death penalty.
- c. In the event the accused is granted a new trial or the conviction is reversed or remanded and the case is returned to the trial court for further proceedings, the victim shall be entitled to request the rights and privileges provided by this chapter.

**O.C.G.A. § 19-7-5**

**Reporting of child abuse; when mandated or authorized; content of report; to whom made; immunity from liability; report based upon privileged communication; penalty for failure to report**

GA Code § 19-7-5 (2024)

- a. The purpose of this Code section is to provide for the protection of children. It is intended that mandatory reporting will cause the protective services of the state to be brought to bear on the situation in an effort to prevent abuses, to protect and enhance the welfare of children, and to preserve family life wherever possible. This Code section shall be liberally construed so as to carry out the purposes thereof.
- b. As used in this Code section, the term:
  1. "Abandonment" means any conduct on the part of a parent, guardian, or legal custodian showing an intent to forgo parental duties or relinquish parental claims. Intent to forgo parental duties or relinquish parental claims may be evidenced by:
    - A. Failure, for a period of at least six months, to communicate meaningfully with a child;
    - B. Failure, for a period of at least six months, to maintain regular visitation with a child;
    - C. Leaving a child with another person without provision for his or her support for a period of at least six months;
    - D. Failure, for a period of at least six months, to participate in any court ordered plan or program designed to reunite a child with his or her parent, guardian, or legal custodian;
    - E. Leaving a child without affording means of identifying such child or his or her parent, guardian, or legal custodian and:
      - i. The identity of such child's parent, guardian, or legal custodian cannot be ascertained despite diligent searching; and
      - ii. A parent, guardian, or legal custodian has not come forward to claim such child within three months following the finding of such child;
    - F. Being absent from the home of his or her child for a period of time that creates a substantial risk of serious harm to a child left in the home;
    - G. Failure to respond, for a period of at least six months, to notice of child protective proceedings; or
    - H. Any other conduct indicating an intent to forgo parental duties or relinquish parental claims.
  2. "Abortion" shall have the same meaning as set forth in Code Section 15-11-681.
  3. "Abused" means subjected to child abuse.
  4. "Child" means any person under 18 years of age.
  5. "Child abuse" means:
    - A. Physical injury or death inflicted upon a child by a parent, guardian, legal custodian, or other person responsible for the care of such child by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child;
    - B. Neglect of a child by a parent, guardian, legal custodian, or other person responsible for the care of such child;
    - C. Emotional abuse of a child;
    - D. Sexual abuse or sexual exploitation of a child;
    - E. Prenatal abuse of a child by a parent;

- F. An act or failure to act that presents an imminent risk of serious harm to the child's physical, mental, or emotional health; or
  - G. Trafficking a child for labor servitude.
6. "Child service organization personnel" means persons employed by or volunteering at a business or an organization, whether public, private, for profit, not for profit, or voluntary, that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to children.
  7. "Clergy" means ministers, priests, rabbis, imams, or similar functionaries, by whatever name called, of a bona fide religious organization.
  8. "Emotional abuse" means acts or omissions by a parent, guardian, legal custodian, or other person responsible for the care of a child that cause any mental injury to such child's intellectual or psychological capacity as evidenced by an observable and significant impairment in such child's ability to function within a child's normal range of performance and behavior or that create a substantial risk of impairment.
  9. "Labor servitude" means work or service of economic or financial value which is performed or provided by another individual and is induced or obtained by coercion or deception.
  10. "Legal custodian" means:
    - A. A person to whom legal custody of a child has been given by order of a court; or
    - B. A public or private agency or other private organization licensed or otherwise authorized by law to receive and provide care for a child to which legal custody of such child has been given by order of a court.
  11. "Neglect" means:
    - A. The failure to provide proper parental care or control, subsistence, education as required by law, or other care or control necessary for a child's physical, mental, or emotional health or morals;
    - B. The failure to provide a child with adequate supervision necessary for such child's well-being; or
    - C. The abandonment of a child by his or her parent, guardian, or legal custodian.
  12. "Person responsible for the care of a child" means:
    - A. An adult member of a child's household;
    - B. A person exercising supervision over a child for any part of the 24 hour day; or
    - C. Any adult who, based on his or her relationship to the parent, guardian, or legal custodian or a member of a child's household, has access to such child.
  13. "Pregnancy resource center" means an organization or facility that:
    - A. Provides pregnancy counseling or information as its primary purpose, either for a fee or as a free service;
    - B. Does not provide or refer for abortions;
    - C. Does not provide or refer for FDA approved contraceptive drugs or devices; and
    - D. Is not licensed or certified by the state or federal government to provide medical or health care services and is not otherwise bound to follow the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, or other state or federal laws relating to patient confidentiality.
  14. "Prenatal abuse" means exposure to chronic or severe use of alcohol or the unlawful use of any controlled substance, as such term is defined in Code Section 16-13-21, which results in:

- A. Symptoms of withdrawal in a newborn or the presence of a controlled substance or a metabolite thereof in a newborn's body, blood, urine, or meconium that is not the result of medical treatment; or
  - B. Medically diagnosed and harmful effects in a newborn's physical appearance or functioning.
15. "Reproductive health care facility" means any office, clinic, or any other physical location that provides abortions, abortion counseling, abortion referrals, or gynecological care and services.
16. "School" means any public or private pre-kindergarten, elementary school, secondary school, technical school, vocational school, college, university, or institution of postsecondary education.
17. "Sexual abuse" means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not such person's spouse to engage in any act which involves:
- A. Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;
  - B. Bestiality;
  - C. Masturbation;
  - D. Lewd exhibition of the genitals or pubic area of any person;
  - E. Flagellation or torture by or upon a person who is nude;
  - F. Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;
  - G. Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;
  - H. Defecation or urination for the purpose of sexual stimulation;
  - I. Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure; or
  - J. Any act described by subsection (c) of Code Section 16-5-46.

Sexual abuse shall include consensual sex acts when the sex acts are between minors if any individual is less than 14 years of age; provided, however, that it shall not include consensual sex acts when the sex acts are between a minor and an adult who is not more than four years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

18. "Sexual exploitation" means conduct by any person who allows, permits, encourages, or requires a child to engage in:
- A. Sexual servitude, as defined in Code Section 16-5-46; or
  - B. Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.
  - C. Dentists;
  - D. Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;
  - E. Podiatrists;
  - F. Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 26 of Title 43 or nurse's aides;
  - G. Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;

- H. School teachers;
- I. School administrators;
- J. School counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;
- K. Child welfare agency personnel, as such agency is defined in Code Section 49-5-12;
- L. Child-counseling personnel;
- M. Child service organization personnel;
- N. Law enforcement personnel; or
- O. Reproductive health care facility or pregnancy resource center personnel and volunteers.

c.

1. The following persons having reasonable cause to believe that suspected child abuse has occurred shall report or cause reports of such abuse to be made as provided in this Code section:
2. If a person is required to report child abuse pursuant to this subsection because such person attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, such person shall notify the person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, or modification or make any other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.
3. When a person identified in paragraph (1) of this subsection has reasonable cause to believe that child abuse has occurred involving a person who attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, the person who received such information shall notify the person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, or modification or make any other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

d. Any other person, other than one specified in subsection (c) of this Code section, who has reasonable cause to believe that suspected child abuse has occurred may report or cause reports to be made as provided in this Code section.

e.

1. As used in the subsection, the term:
  - A. "Active duty" means full-time duty status.
  - B. "Armed forces of the United States" or "military" means the United States Army, United States Navy, United States Marine Corps, United States

Coast Guard, United States Air Force, United States National Guard, United States Space Force, Georgia Army National Guard, or Georgia Air National Guard, or a reserve component thereof.

- C. "Family advocacy program" means, for the particular branch, the program established by the military for the prevention, education, prompt reporting, investigation, intervention, or treatment of spouse or child abuse.
  - D. "Military law enforcement" means, for the particular branch, the police corps, division, branch, agency, or authority of the military responsible for law enforcement or force protection.
2. With respect to reporting required by subsection (c) of this Code section, an oral report by telephone or other oral communication or a written report by electronic submission or facsimile shall be made immediately, but in no case later than 24 hours from the time there is reasonable cause to believe that suspected child abuse has occurred. When a report is being made by electronic submission or facsimile to the Division of Family and Children Services of the Department of Human Services, it shall be done in the manner specified by the division. Oral reports shall be followed by a later report in writing, if requested, to a child welfare agency providing protective services, as designated by the Division of Family and Children Services of the Department of Human Services, or, in the absence of such agency, to an appropriate police authority or district attorney. Such report shall be provided to military law enforcement, if applicable. If a report of child abuse is made to the child welfare agency or independently discovered by the agency, and the agency has reasonable cause to believe such report is true or the report contains any allegation or evidence of child abuse, then the agency shall immediately notify the appropriate police authority or district attorney and notify military law enforcement, if applicable. Such reports shall contain the names and addresses of the child and the child's parents or caretakers, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator. Photographs of the child's injuries to be used as documentation in support of allegations by hospital employees or volunteers, physicians, law enforcement personnel, school officials, or employees or volunteers of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian. Such photographs shall be made available as soon as possible to the chief welfare agency providing protective services, the appropriate police authority, and military law enforcement.
3. For each child who is the subject of child abuse allegations, the child welfare agency as provided for in paragraph (1) of this subsection shall make efforts as soon as practicable to determine whether a parent or guardian of such child is on active duty in the armed forces of the United States. If such agency determines that a parent or guardian of such child is on active duty in the armed forces of the United States, such agency shall notify the applicable military installation's family advocacy program of the allegation of child abuse that relates to the parent or guardian of such child.
- f. Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or causing a report to be made, and individuals who otherwise provide information or assistance, including, but not limited to, medical evaluations or consultations, in connection with a report made to a child welfare agency providing protective services, an appropriate police authority, or military law enforcement pursuant to this Code section or any other law or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from

any civil or criminal liability that might otherwise be incurred or imposed, provided that such participation pursuant to this Code section or any other law is made in good faith. Any person making a report, whether required by this Code section or not, shall be immune from liability as provided in this subsection.

- g. Suspected child abuse which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law; provided, however, that a member of the clergy shall not be required to report child abuse reported solely within the context of confession or other similar communication required to be kept confidential under church doctrine or practice. When a clergy member receives information about child abuse from any other source, the clergy member shall comply with the reporting requirements of this Code section, even though the clergy member may have also received a report of child abuse from the confession of the perpetrator.
- h. Any person or official required by subsection (c) of this Code section to report a suspected case of child abuse who knowingly and willfully fails to do so shall be guilty of a misdemeanor.
- i. A report of child abuse or information relating thereto and contained in such report, when provided to a law enforcement agency or district attorney pursuant to subsection (e) of this Code section or pursuant to Code Section 49-5-41, shall not be subject to public inspection under Article 4 of Chapter 18 of Title 50 even though such report or information is contained in or part of closed records compiled for law enforcement or prosecution purposes unless:
  - 1. There is a criminal or civil court proceeding which has been initiated based in whole or in part upon the facts regarding abuse which are alleged in the child abuse reports and the person or entity seeking to inspect such records provides clear and convincing evidence of such proceeding; or
  - 2. The superior court in the county in which is located the office of the law enforcement agency or district attorney which compiled the records containing such reports, after application for inspection and a hearing on the issue, shall permit inspection of such records by or release of information from such records to individuals or entities who are engaged in legitimate research for educational, scientific, or public purposes and who comply with the provisions of this paragraph. When those records are located in more than one county, the application may be made to the superior court of any one of such counties. A copy of any application authorized by this paragraph shall be served on the office of the law enforcement agency or district attorney which compiled the records containing such reports. In cases where the location of the records is unknown to the applicant, the application may be made to the Superior Court of Fulton County. The superior court to which an application is made shall not grant the application unless:
    - A. The application includes a description of the proposed research project, including a specific statement of the information required, the purpose for which the project requires that information, and a methodology to assure the information is not arbitrarily sought;
    - B. The applicant carries the burden of showing the legitimacy of the research project; and
    - C. Names and addresses of individuals, other than officials, employees, or agents of agencies receiving or investigating a report of abuse which is the subject of a report, shall be deleted from any information released pursuant to this subsection unless the court determines that having the

names and addresses open for review is essential to the research and the child, through his or her representative, gives permission to release the information.

- j. The treatment of a child in good faith solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall not in and of itself be considered child abuse.

**(A)** Physicians licensed to practice medicine, physician assistants, interns, or residents;

**(B)** Hospital or medical personnel;

O.C.G.A. § 30-5-4

Reporting of need for protective services; manner and contents of report; immunity from civil or criminal liability; privileged communications

[GA Code § 30-5-4 \(2023\)](#)

a.

1.

A. The following persons having reasonable cause to believe that a disabled adult or elder person has been the victim of abuse, other than by accidental means, or has been neglected or exploited shall report or cause reports to be made in accordance with the provisions of this Code section:

- i. Any person required to report child abuse as provided in subsection (c) of Code Section 19-7-5;
- ii. Physical therapists;
- iii. Occupational therapists;
- iv. Day-care personnel;
- v. Coroners;
- vi. Medical examiners;
- vii. Emergency medical services personnel, as such term is defined in Code Section 31-11-49;
- viii. Any person who has been certified as an emergency medical technician, cardiac technician, paramedic, or first responder pursuant to Chapter 11 of Title 31;
- ix. Employees of a public or private agency engaged in professional health related services to elder persons or disabled adults; and
- x. Clergy members.

B. Any employee of a financial institution or investment company having reasonable cause to believe that a disabled adult or elder person has been exploited shall report or cause reports to be made in accordance with the provisions of this Code section; provided, however, that this obligation shall not apply to any employee of a financial institution or investment company while that employee is acting as a fiduciary, but only for such assets that the employee is holding or managing in a fiduciary capacity.



report pursuant to this chapter in his or her capacity as an employee, or who testifies in any judicial proceeding arising from a report made in his or her capacity as an employee, or who participates in a required investigation under the provisions of this chapter in his or her capacity as an employee, shall be immune from any civil liability or criminal prosecution on account of such report or testimony or participation of its employee, unless such financial institution or investment company knew or should have known that the employee acted in bad faith or with a malicious purpose and failed to take reasonable and available measures to prevent such employee from acting in bad faith or with a malicious purpose. The immunity described in this subsection shall apply not only with respect to the acts of making a report, testifying in a judicial proceeding arising from a report, providing protective services, or participating in a required investigation but also shall apply with respect to the content of the information communicated in such acts.

- d. Any suspected abuse, neglect, exploitation, or need for protective services which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse, neglect, exploitation, or need for protective services has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law; provided, however, that a member of the clergy shall not be required to report such matters confided to him or her solely within the context of confession or other similar communication required to be kept confidential under church doctrine or practice. When a clergy member receives information about abuse, neglect, exploitation, or the need for protective services from any other source, the clergy member shall comply with the reporting requirements of this Code section, even though the clergy member may have also received a report of such matters from the confession of the perpetrator.

#### **O.C.G.A. § 31-7-9**

#### **Reports by physicians and other personnel of non-accidental injuries to patients; immunity from liability**

(a) As used in this Code section, the term "medical facility" includes, without being limited to, an ambulatory surgical treatment center defined in subparagraph (C) of paragraph (4) of Code Section 31-7-1 and a freestanding imaging center defined in subparagraph (G) of paragraph (4) of Code Section 31-7-1.

(b) Any:

- (1) Physician, including any doctor of medicine licensed to practice under the laws of this state;
- (2) Licensed registered nurse employed by a medical facility;
- (3) Security personnel employed by a medical facility; or
- (4) Other personnel employed by a medical facility whose employment duties involve the care and treatment of patients therein having cause to believe that a patient has had physical injury or injuries inflicted upon him other than by accidental means shall report or cause reports to be made in accordance with this Code section.

(c) An oral report shall be made immediately by telephone or otherwise and shall be followed by a report in writing, if requested, to the person in charge of the medical facility or his designated delegate. The person in charge of the medical facility or his designated delegate shall then notify the local law enforcement agency having primary jurisdiction in the area in which the medical facility is located of the contents of the report. The report shall contain the name and address of the patient, the nature and extent of the patient's injuries, and any other

information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator.

(d) Any person or persons participating in the making of a report or causing a report to be made to the appropriate police authority pursuant to this Code section or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil liability that might otherwise be incurred or imposed, providing such participation pursuant to this Code section shall be in good faith.

**O.C.G.A. §31-8-80**

**Short title**

This article shall be known as the "Long-term Care Facility Resident Abuse Reporting Act."

**O.C.G.A. § 31-9-2**

**Persons authorized to consent to surgical or medical treatment**

[GA Code § 31-9-2 \(2023\)](#)

a. In addition to such other persons as may be authorized and empowered, any one of the following persons is authorized and empowered to consent, either orally or otherwise, to any surgical or medical treatment or procedures not prohibited by law which may be suggested, recommended, prescribed, or directed by a duly licensed physician:

1. Any adult, for himself or herself, whether by living will, advance directive for health care, psychiatric advance directive under Chapter 11 of Title 37, or otherwise;

**(1.1)** Any person authorized to give such consent for the adult under an advance directive for health care or durable power of attorney for health care under Chapter 32 of this title or psychiatric advance directive under Chapter 11 of Title 37;

2. In the absence or unavailability of a person authorized pursuant to paragraph (1.1) of this subsection, any married person for his or her spouse;

3. In the absence or unavailability of a living spouse, any parent, whether an adult or a minor, for his or her minor child;

4. Any person temporarily standing in loco parentis, whether formally serving or not, for the minor under his or her care; and any guardian, for his or her ward;

5. Any female, regardless of age or marital status, for herself when given in connection with pregnancy, or the prevention thereof, or childbirth;

6. Upon the inability of any adult to consent for himself or herself and in the absence of any person to consent under paragraphs (1.1) through (5) of this subsection, the following persons in the following order of priority:

A. Any adult child for his or her parents;

B. Any parent for his or her adult child;

C. Any adult for his or her brother or sister;

D. Any grandparent for his or her grandchild;

E. Any adult grandchild for his or her grandparent; or

F. Any adult niece, nephew, aunt, or uncle of the patient who is related to the patient in the first degree; or

7. Upon the inability of any adult to consent for himself or herself and in the absence of any person to consent under paragraphs (1.1) through (6) of this subsection, an adult friend of the patient. For purposes of this paragraph, "adult friend" means an adult who has exhibited special care and concern for the patient, who is generally familiar with the patient's health care views and desires, and who is willing and able to become involved in the patient's health care decisions and to act in the patient's best interest. The adult friend shall sign and date an acknowledgment form provided by the hospital or other health care facility in which the patient is located for placement in the patient's records certifying that he or she meets such criteria.

**(a.1)** In the absence, after reasonable inquiry, of any person authorized in subsection (a) of this Code section to consent for the patient, a hospital or other health care facility or any interested person may initiate proceedings for expedited judicial intervention to appoint a temporary medical consent guardian pursuant to Code Section 29-4-18.

- b. Any person authorized and empowered to consent under subsection (a) of this Code section shall, after being informed of the provisions of this Code section, act in good faith to consent to surgical or medical treatment or procedures which the patient would have wanted had the patient understood the circumstances under which such treatment or procedures are provided. The person who consents on behalf of the patient in accordance with subsection (a) of this Code section shall have the right to visit the patient in accordance with the hospital or health care facility's visitation policy.
- c. For purposes of this Code section, the term "inability of any adult to consent for himself or herself" means a determination in the medical record by a licensed physician after the physician has personally examined the adult that the adult "lacks sufficient understanding or capacity to make significant responsible decisions" regarding his or her medical treatment or the ability to communicate by any means such decisions.
- d.
  - 1. No hospital or other health care facility, health care provider, or other person or entity shall be subject to civil or criminal liability or discipline for unprofessional conduct solely for relying in good faith on any direction or decision by any person reasonably believed to be authorized and empowered to consent under subsection (a) of this Code section even if death or injury to the patient ensues. Each hospital or other health care facility, health care provider, and any other person or entity who acts in good faith reliance on any such direction or decision shall be protected and released to the same extent as though such person had interacted directly with the patient as a fully competent person.
  - 2. No person authorized and empowered to consent under subsection (a) of this Code section who, in good faith, acts with due care for the benefit of the patient, or who fails to act, shall be subject to civil or criminal liability for such action or inaction.

**History.** Code 1933, § 88-2904, enacted by Ga. L. 1971, p. 438, § 1; Ga. L. 1972, p. 688, § 1; Ga. L. 1975, p. 704, § 2; Ga. L. 1991, p. 335, § 1; Ga. L. 2001, p. 4, § 31; Ga. L. 2007, p. 133, § 12/HB 24; Ga. L. 2010, p. 852, § 1/SB 367; Ga. L. 2022, p. 611, § 2-10/HB 752.

**The 2022 amendment,** effective July 1, 2022, inserted "psychiatric advance directive under Chapter 11 of Title 37," in paragraph (a)(1), and added "or psychiatric advance directive under Chapter 11 of Title 37" at the end of paragraph (a)(1.1).

### **Cross references.**

Temporary medical consent guardianship, § 29-4-18 .

Right of minor to obtain medical services for treatment of venereal disease on minor's consent alone, § 31-17-7 .

Effect of consent by husband and wife to performance of artificial insemination procedure, § 43-34-37 .

Consent of parent or guardian to blood donation by person 17 years of age or over, § 44-5-89 .

**Editor's notes.**

Ga. L. 2007, p. 133, § 1/HB 24, not codified by the General Assembly, provides: “(a) The General Assembly has long recognized the right of the individual to control all aspects of his or her personal care and medical treatment, including the right to insist upon medical treatment, decline medical treatment, or direct that medical treatment be withdrawn. In order to secure these rights, the General Assembly has adopted and amended statutes recognizing the living will and health care agency and provided statutory forms for both documents.

“(b) The General Assembly has determined that the statutory forms for the living will and durable power of attorney for health care are confusing and inconsistent and that the statutes providing for the living will and health care agency contain conflicting concepts, inconsistent and out-of-date terminology, and confusing and inconsistent requirements for execution. In addition, there is a commendable trend among the states to combine the concepts of the living will and health care agency into a single legal document.

“(c) The General Assembly recognizes that a significant number of individuals representing the academic, medical, legislative, and legal communities, state officials, ethics scholars, and advocacy groups worked together to develop the advance directive for health care contained in this Act, and the collective intent was to create a form that uses understandable and everyday language in order to encourage more citizens of this state to execute advance directives for health care.

“(d) The General Assembly finds that the clear expression of an individual's decisions regarding health care, whether made by the individual or an agent appointed by the individual, is of critical importance not only to citizens but also to the health care and legal communities, third parties, and families. In furtherance of these purposes, the General Assembly enacts a new Chapter 32 of Title 31, setting forth general principles governing the expression of decisions regarding health care and the appointment of a health care agent, as well as a form of advance directive for health care.”

O.C.G.A. § 31-9-7

Right of persons who are at least 18 years of age to refuse to consent to treatment

Nothing contained in this chapter shall be construed to abridge any right of a person 18 years of age or over to refuse to consent to medical and surgical treatment as to his own person.

O.C.G.A. § 31-17-7

Consent of minor to medical or surgical care or services; informing spouse, parent, custodian, or guardian

[GA Code § 31-17-7 \(2023\)](#)

- a. The consent to the provision of medical or surgical care or services by a hospital or public clinic or to the performance of medical or surgical care or services by a physician licensed to practice medicine and surgery, when such consent is given by a minor who is or professes to be afflicted with a sexually transmitted disease or at risk for HIV, shall be as valid and binding as if the minor had achieved his or her majority, provided that any such treatment shall involve procedures and therapy related to conditions or illnesses arising out of the sexually transmitted disease or HIV diagnosis which gave rise to the consent authorized under this Code section. Any such consent shall not be subject to later disaffirmation by reason of minority. The consent of no other person or persons, including but not limited to a spouse, parent, custodian, or guardian, shall be necessary in order to authorize the provision to such minor of such medical or surgical care or services as are described in this subsection.
- b. Upon the advice and direction of a treating physician or, if more than one, of any one of them, a member of the medical staff of a hospital or public clinic or a physician licensed to practice medicine and surgery may, but shall not be obligated to, inform the spouse, parent, custodian, or guardian of any such minor as to the treatment given or needed. Such information may be given to or withheld from the spouse, parent, custodian, or guardian without the consent of the minor patient and even over the express refusal of the minor patient to the providing of such information.

**§ 35-1-2. Examination of sexual assault victims; reports**

Universal Citation: [GA Code § 35-1-2 \(2023\)](#)

- a. As used in this Code section, the term:
  1. “Division” means the Division of Forensic Sciences of the Georgia Bureau of Investigation.
  2. “Medical examination” means an examination pursuant to subsection (c) of Code Section 16-6-1 or subsection (c) of Code Section 16-6-2.
- b. When a forensic medical examination is performed, evidence is collected, and the alleged victim has requested that law enforcement officials be notified, the individual performing such exam, or his or her designee, shall notify the appropriate law enforcement agency of the collection of such evidence and provide a summary of all rights guaranteed to the alleged victim pursuant to the Crime Victims’ Bill of Rights established pursuant to Code Section 17-17-1, et seq., as provided by the Criminal Justice Coordinating Council. At the time of the examination, no alleged victim shall be required to assign or waive any rights afforded to him or her in the Crime Victims’ Bill of Rights or that might prevent the alleged victim from seeking relief from the Crime Victims Compensation Board. Law enforcement officials shall take possession of such evidence no later than 96 hours of being notified.
- c. It shall be the duty of every law enforcement officer who takes possession of the evidence as provided in subsection (b) of this Code section to ensure that such evidence is submitted to the division within 30 days of it being collected, in accordance with the procedures established by the division.
- d. When a forensic medical examination was performed before July 1, 2016, evidence was collected, and the alleged victim requested that law enforcement officials be notified, the individual who performed such exam, or his or her designee, shall notify the appropriate

law enforcement agency of the collection of such evidence on or before July 15, 2016, and law enforcement officials shall take possession of such evidence on or before July 31, 2016. It shall be the duty of every law enforcement officer who takes possession of the evidence as provided in this Code section to ensure that such evidence is submitted to the division by August 31, 2016, in accordance with the procedures established by the division.

- e. It shall be the duty of every law enforcement agency to create a list of evidence resulting from a forensic medical examination that is in such agency's possession on August 1, 2016, identifying such evidence as needing to be tested and submitting such listing of information to the division by August 15, 2016.
- f. A failure to comply with the provisions of this Code section shall not affect the admissibility of evidence collected from a forensic medical examination.
- g. Beginning December 1, 2016, the division shall issue an annual report detailing the number of cases for which it has tested evidence pursuant to this Code section and the number of cases that are awaiting testing. Such report shall be provided to the executive counsel of the Governor, the Speaker of the House of Representatives, the Lieutenant Governor, the members of the House Committee on Judiciary, Non-civil, the members of the Senate Judiciary Committee, the House Committee on Health and Human Services, and the Senate Health and Human Services Committee and posted online at the Georgia Bureau of Investigation's website.

## § 24-5-509. Communications Between Victim of Family Violence or Sexual Assault and Agents Providing Services to Such Victim; Termination of Privilege

**Universal Citation:** : [GA Code § 24-5-509 \(2023\)](#)

- a. As used in this Code section, the term:
1. “Agent” means a current or former employee or volunteer of a program who has successfully completed a minimum of 20 hours of training in family violence and sexual assault intervention and prevention at a Criminal Justice Coordinating Council certified victim assistance program.
  2. “Family violence” shall have the same meaning as provided in Code Section 19-13-1.
  3. “Family violence shelter” means a program whose primary purpose is to provide services to family violence victims and their families that is not under the direct supervision of a law enforcement agency, prosecuting attorney’s office, or a government agency.
  4. “Family violence victim” means a person who consults a family violence shelter for the purpose of securing advice or other services concerning an act of family violence, an alleged act of family violence, or an attempted act of family violence.
  5. “Government agency” means any agency of the executive, legislative, or judicial branch of government or political subdivision or authority thereof of this state, any other state, the District of Columbia, the United States and its territories and possessions, or any foreign government or international governmental or quasi-governmental agency recognized by the United States or by any of the several states.
  6. “Negative effect of the disclosure of the evidence on the victim” shall include the impact of the disclosure on the relationship between the victim and the agent and the delivery and accessibility of services.
  7. “Program” means a family violence shelter or rape crisis center.
  8. “Rape crisis center” means a program whose primary purpose is to provide services to sexual assault victims and their families that is not under the direct supervision of a law enforcement agency, prosecuting attorney’s office, or a government agency.
  9. “Services” means any services provided to a victim by a program including but not limited to crisis hot lines, safe homes and shelters, assessment and intake, counseling, services for children who are victims of family violence or sexual assault, support in medical, administrative, and judicial systems, transportation, relocation, and crisis intervention. Such term shall not include mandatory reporting as required by Code Section 19-7-5 or 30-5-4.
  10. “Sexual assault” shall have the same meaning as provided in Code Section 17-5-70.
  11. “Sexual assault victim” means a person who consults a rape crisis center for the purpose of securing advice or other services concerning a sexual assault, an alleged sexual assault, or an attempted sexual assault.
  12. “Victim” means a family violence victim or sexual assault victim.
- b. No agent of a program shall be compelled to disclose any evidence in a judicial proceeding that the agent acquired while providing services to a victim, provided that such evidence was necessary to enable the agent to render services, unless the privilege has been waived by the victim or, upon motion by a party, the court finds by a preponderance of the evidence at a pretrial hearing or hearing outside the presence of the jury that:
1. In a civil proceeding:

- A. The evidence sought is material and relevant to factual issues to be determined;
  - B. The evidence is not sought solely for the purpose of referring to the victim's character for truthfulness or untruthfulness; provided, however, that this subparagraph shall not apply to evidence of the victim's prior inconsistent statements;
  - C. The evidence sought is not available or already obtained by the party seeking disclosure; and
  - D. The probative value of the evidence sought substantially outweighs the negative effect of the disclosure of the evidence on the victim; or
2. In a criminal proceeding:
- A. The evidence sought is material and relevant to the issue of guilt, degree of guilt, or sentencing for the offense charged or a lesser included offense;
  - B. The evidence is not sought solely for the purpose of referring to the victim's character for truthfulness or untruthfulness; provided, however, that this subparagraph shall not apply to evidence of the victim's prior inconsistent statements;
  - C. The evidence sought is not available or already obtained by the party seeking disclosure; and
  - D. The probative value of the evidence sought substantially outweighs the negative effect of the disclosure of the evidence on the victim.
- c. If the court finds that the evidence sought may be subject to disclosure pursuant to subsection (b) of this Code section, the court shall order that such evidence be produced for the court under seal, shall examine the evidence in camera, and may allow disclosure of those portions of the evidence that the court finds are subject to disclosure under this Code section.
  - d. The privilege afforded under this Code section shall terminate upon the death of the victim.
  - e. The privilege granted by this Code section shall not apply if the agent was a witness or party to the family violence or sexual assault or other crime that occurred in the agent's presence.
  - f. The mere presence of a third person during communications between an agent and a victim shall not void the privilege granted by this Code section, provided that the communication occurred in a setting when or where the victim had a reasonable expectation of privacy.
  - g. If the victim is or has been judicially determined to be incompetent, the victim's guardian may waive the victim's privilege.
  - h. In criminal proceedings, if either party intends to compel evidence based on this Code section, the party shall file and serve notice of his or her intention on the opposing party at least ten days prior to trial, or as otherwise directed by the court. The court shall hold a pretrial hearing in accordance with subsection (b) of this Code section and determine the issue prior to trial.

## § 17-5-74. Unreported Sexual Assault Kits; Definitions; State-Wide Tracking System; Requirements; Implementation; Reporting; Jurisdiction; Liability; Regulatory Authority

### Universal Citation:

#### [GA Code § 17-5-74 \(2023\)](#)

- a. For the purposes of this Code section, the term “unreported sexual assault kit” means a sexual assault kit collected from a victim who has consented to the collection of the sexual assault kit but who has not reported the alleged crime to law enforcement.
- b. The Criminal Justice Coordinating Council shall create and operate a state-wide sexual assault kit tracking system. The council may contract with state or nonstate entities including, but not limited to, private software and technology providers, for the creation, operation, and maintenance of the system.
- c. The state-wide sexual assault kit tracking system shall:
  1. Track the location and status of sexual assault kits throughout the criminal justice process, including the initial collection in sexual assault forensic examinations performed at medical facilities, receipt and storage at law enforcement agencies, receipt and analysis at forensic laboratories, and storage and any destruction after completion of analysis;
  2. Designate sexual assault kits as unreported or reported;
  3. Allow medical facilities performing sexual assault forensic examinations, law enforcement agencies, prosecutors, the Division of Forensic Sciences of the Georgia Bureau of Investigation, and other entities having custody of sexual assault kits to update and track the status and location of sexual assault kits;
  4. Allow victims of sexual assault to anonymously track or receive updates regarding the status of their sexual assault kits; and
  5. Use electronic technology or technologies allowing continuous access.
- d. The Criminal Justice Coordinating Council may use a phased implementation process in order to launch the sexual assault kit tracking system and facilitate entry and use of the system for required participants. The council may phase initial participation according to region, volume, or other appropriate classifications. All law enforcement agencies and other entities having custody of sexual assault kits shall register for and utilize the system in order to fully participate no later than July 1, 2022. The council shall submit a report on the current status and plan for launching the system, including the plan for phased implementation, to the appropriate committees of the legislature and the Governor no later than January 1, 2022.
- e. The Criminal Justice Coordinating Council shall submit a report on the state-wide sexual assault kit tracking system to the appropriate committees of the legislature and the Governor. The council shall publish the current report on its website. The first report shall be submitted on or before December 31, 2022, and subsequent reports are to be submitted on or before December 31 of each year. Each report shall include the following:
  1. The number of sexual assault kits used by collection sites to conduct forensic medical examinations of assault victims;
  2. Of the sexual assault kits used by collection sites to conduct forensic medical examinations, the number of sexual assault kits for which a sexual assault has been reported to law enforcement, sorted by law enforcement agency;
  3. The average time for each law enforcement agency to collect reported sexual assault kits from collection sites;
  4. Of the sexual assault kits generated for reported cases, the number of sexual assault kits submitted to a laboratory for forensic testing;
  5. Of the sexual assault kits submitted for forensic testing, the number of kits for which forensic testing has been completed;

6. The number of sexual assault kits for which a sexual assault has not been reported to law enforcement; and
  7. The jurisdictions in which reported sexual assault kits have not been submitted to the Division of Forensic Services of the Georgia Bureau of Investigation in accordance with Code Section 35-1-2.
- f. For the purpose of reports submitted under subsection (e) of this Code section, a sexual assault kit shall be assigned to the jurisdiction associated with the law enforcement agency anticipated to receive the sexual assault kit or otherwise having custody of the sexual assault kit.
  - g. Any public agency or entity, including its officials and employees, and any hospital and its employees providing services to victims of sexual assault shall not be held civilly liable for damages arising from any release of information or the failure to release information related to the state-wide sexual assault kit tracking system, so long as the release was without gross negligence.
  - h. The Criminal Justice Coordinating Council shall adopt rules as necessary to implement this Code section.

Banks, Habersham, Rabun and Stephens Counties  
Mountain Judicial Circuit  
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Sexual Assault Protocol  
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December 17, 2025

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It is therefore agreed by the undersigned that these documents shall be and are the **Child Abuse Protocol and the Sexual Assault Protocol for the Mountain Judicial Circuit.**

<u>William R. Oliver</u> X William R. Oliver (Dec 17, 2025 19:10:34 EST)	17/12/2025
Chief Judge William R. Oliver	Date
<u>B. Nichole Carswell</u> X B. Nichole Carswell (Dec 18, 2025 11:57:21 EST)	18/12/2025
Judge Nichole Carswell	Date
<u>Carlton H. Jones III</u> X Carlton H. Jones III (Dec 17, 2025 16:39:36 EST)	17/12/2025
Judge Carlton H. Jones, III	Date

Banks, Habersham, Rabun and Stephens Counties  
Mountain Judicial Circuit  
Child Abuse Protocol  
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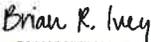
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Signed by:  
  
BB44AA8FA522470

12/20/2025

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Mountain Judicial Circuit  
Child Abuse Protocol  
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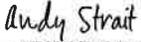
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12/20/2025

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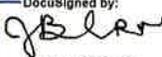
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DocuSigned by:  
  
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12/19/2025

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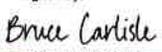
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EE88408FD8C34D3

12/18/2025

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Signed by:  
*Jessica Barnett Martin*  
FAB3FA82186648D

12/18/2025

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Signed by:

*Ivan Mote*

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12/17/2025

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Mountain Judicial Circuit  
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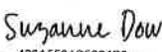
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408A6534C6004B3

12/17/2025

Banks, Habersham, Rabun and Stephens Counties  
Mountain Judicial Circuit  
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DocuSigned by:  
  
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12/17/2025



Banks, Habersham, Rabun and Stephens Counties  
Mountain Judicial Circuit  
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2F3306C44EF74DE

12/17/2025

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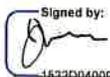
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1523D040005F4D4

12/17/2025

*Mtn City Police*

Banks, Habersham, Rabun and Stephens Counties  
Mountain Judicial Circuit  
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Sexual Assault Protocol  
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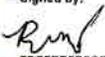
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Signed by:  
  
78C5FE686CF450

12/17/2025

*Rex Baumes*

*Sky Valley  
Police*

Banks, Habersham, Rabun and Stephens Counties  
Mountain Judicial Circuit  
Child Abuse Protocol  
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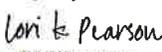
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21246AR00780483

12/17/2025

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*William R. Oliver*  
26A88C6D320E418

12/17/2025

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DocuSigned by:

*Jonathan Roberts*

0A8817646B224A1

12/17/2025

Banks, Habersham, Rabun and Stephens Counties  
Mountain Judicial Circuit  
Child Abuse Protocol  
Sexual Assault Protocol  
Signature Pages

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DocuSigned by:  
*Caroline Wallis*  
75086C3C2288402

12/17/2025

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Mountain Judicial Circuit  
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Sexual Assault Protocol  
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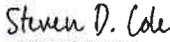
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10A1FD7C633B1DC

12/17/2025

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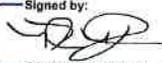
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Signed by:  
  
CBA0F81DDE1F4AA

12/19/2025

*Robin Krackum*

Banks, Habersham, Rabun and Stephens Counties  
Mountain Judicial Circuit  
Child Abuse Protocol  
Sexual Assault Protocol  
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DocuSigned by:

*Lisa Fugel*

001E01D8AF744A2

12/17/2025

Banks, Habersham, Rabun and Stephens Counties  
Mountain Judicial Circuit  
Child Abuse Protocol  
Sexual Assault Protocol  
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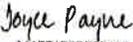
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A11EF1B30F8F436

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Child Abuse Protocol  
Sexual Assault Protocol  
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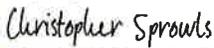
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5282C8EC1040480

12/17/2025

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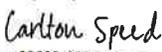
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0CC8C4064B024FE

12/17/2025

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B45631E632524FC

12/17/2025

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3A8499D5E904A8

12/17/2025

Banks, Habersham, Rabun and Stephens Counties  
Mountain Judicial Circuit  
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DocuSigned by:  
*Mark Smith*

E7BCC09DC0224C8

12/17/2025

Banks, Habersham, Rabun and Stephens Counties  
Mountain Judicial Circuit  
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Signed by:

*Linda Johnson, PCHT, dba Family Resource Center of Northeast Georgia*

3946082870481

12/17/2025

Banks, Habersham, Rabun and Stephens Counties  
Mountain Judicial Circuit  
Child Abuse Protocol  
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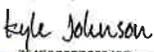
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75420C2FD08043C

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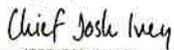
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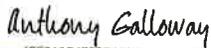
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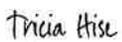
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Signed by:  
*Michael Carnes*  
BD680AE680274A9

12/17/2025

*Dillard Peirce*

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Mountain Judicial Circuit  
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Sexual Assault Protocol  
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DocuSigned by:

**MEGAN VOREES**

EA73A0F8FCFA418

12/18/2025

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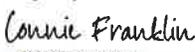
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C801A584601344B

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